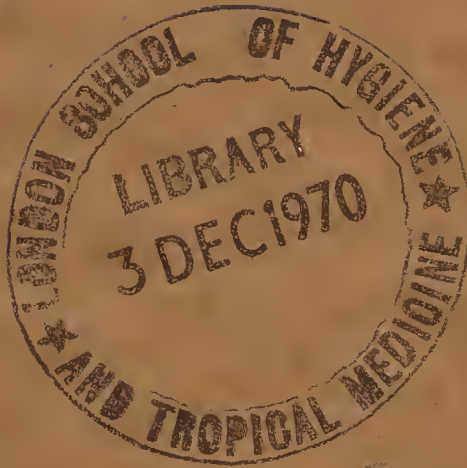


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**THE HEALTH
OF
WALSALL
1969**



WALSALL
COUNTY BOROUGH
HEALTH REPORT

1969

J. C. TALBOT, M.R.C.S., L.R.C.P., D.P.H., D.I.H.

Medical Officer of Health and
Principal School Medical Officer

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COUNTY BOROUGH OF WALSALL

HEALTH COMMITTEE

From May, 1969 to May, 1970

CHAIRMAN:

Alderman R. H. M. Baines, B.M., B.Ch.

VICE-CHAIRMAN:

Councillor Mrs. E. Allen

Alderman Mrs. E. A. Brockhurst, J.P.	Councillor Mrs. D. M. Middleton (To April 1969)
Alderman E. F. T. Richards, M.A.	Councillor J. A. Moore (From September 1969)
Councillor Mrs. I. C. F. Anelli	Councillor Mrs. R. G. Pollitt
Councillor Mrs. E. Bagchi	Councillor J. D. Winn (To September 1969)
Councillor J. Bassett	Councillor H. Worton (From September 1969)
Councillor A. Clarke	Councillor Mrs. A. M. M. Taylor, (To April 1969)
Councillor E. C. Gill, B.Sc., A.M.Inst.F. (To April 1969)	

EDUCATION COMMITTEE

CHAIRMAN:

Councillor E. Clarke, K.S.G., J.P.

VICE-CHAIRMAN:

Alderman Mrs. D. L. Purcell, J.P.

Alderman E. F. T. Richards, M.A.	Councillor C. T. Smith, M.B.E., R.N.R.
Alderman C. L. Tomkinson	Councillor J. G. Whitehouse, M.A.I.E.
Alderman F. Watkins, J.P.	Councillor C. J. P. Wood
Councillor I. C. F. Anelli	Councillor Mrs. A. Wrighton
Councillor J. F. Baugh, B.Sc., A.M.I., Prod.E.	Mr. H. F. Chamings, M.A.
Councillor E. C. Gill, B.Sc., A.M.Inst.F.	Mr. A. B. Gilbert
Councillor B. D. Jowett	Rev. J. W. Jackson
Councillor Miss M. E. T. McNulty	Very Rev. Canon J. W. Dunne, M.A.
Councillor E. Moorman, M.A., C.Eng.	Rev. H. Wilson
Councillor Sir A. G. B. Owen, C.B.E., D.Sc., O.St.J.	Mr. R. J. B. Christie
Councillor Mrs. V. G. Parkes	Dr. M. H. Dale
Councillor D. G. A. Rochford	Mr. W. A. S. Flood
	Mr. F. V. Magness

STAFF

(at 31st December, 1969)

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER	J. C. Talbot, M.R.C.S., L.R.C.P., D.P.H., D.I.H.
DEPUTY MEDICAL OFFICER OF HEALTH	J. Burrowes, M.B., B.Ch., B.A.O., D.P.H.
SENIOR DEPARTMENTAL MEDICAL OFFICERS	S. D. Chaudhuri, M.B., B.S., D.I.H., D.P.H. R. I. Wootton, M.B., Ch.B.
DEPARTMENTAL MEDICAL OFFICERS	M. C. Grant, L.R.C.P., L.R.C.S., D.R.C.O.G., D.P.H. M. D. Majevadia, M.B., B.S.
PRINCIPAL SCHOOL DENTAL OFFICER	Mrs. I. M. Millar, L.D.S.
CHIEF PUBLIC HEALTH INSPECTOR	J. P. Barton, D.M.A., A.M.I.P.H.E.
DEPUTY CHIEF PUBLIC HEALTH INSPECTOR	H. E. T. Lowbridge, F.A.P.H.I., M.R.S.H.
DIVISIONAL INSPECTORS	F. B. Owen (District Work). V. F. Penn (Housing). J. A. Disbury (Meat and Food). S. Monks (Smoke and Factories).
STAFF	9 Specialist Public Health Inspectors. 5 District Public Health Inspectors. 5 Pupil Public Health Inspectors. 9 Technical Assistants and Authorised Officers. 4 Miscellaneous Grade Officers and 3 Manual Workers. Chief Clerk—W. F. Buttery. 12 Clerks.
PUBLIC ANALYST	C. N. Grange, B.Sc., F.R.I.C.
CHIEF NURSING OFFICER	Miss J. E. Goode.
SUPERINTENDENT HEALTH VISITOR	Miss M. Scott. 20 Health Visitors (17 full-time, 3 part- time). 1 Acting Health Visitor. 1 Health Visitor/Health Education Officer. 2 Tuberculosis Visitors (part-time). 10 School Nurse/Geriatric Visitors (8 full-time, 2 part-time). 2 Geriatric Visitors (part-time). 3 Clinic Nurses (part-time). 1 Nursing Auxiliary.

STAFF—continued

(at 31st December, 1969)

SUPERVISOR OF MIDWIVES	...	Mrs. M. S. Fletcher. (22 Midwives (18 full-time, 4 part-time.))
SUPERINTENDENT OF HOME NURSING SERVICE	... ..	Mr. T. W. Jackson. 22 District Nurses (18 full-time, 4 part-time). 9 Nursing Auxiliaries (part-time).
SENIOR ADMINISTRATIVE ASSISTANT		Mr. H. D. Parsons. 25 Clerks (19 full-time, 6 part-time). 7 Food Sales Clerks (part-time).
SENIOR MENTAL WELFARE OFFICER		Mr. W. E. Biddulph. 5 Mental Welfare Officers. 1 Trainee Mental Welfare Officer.
MANAGER, BREWER STREET ADULT TRAINING CENTRE	... ..	Mr. R. Fryer.
MANAGER, SHEPWELL GREEN ADULT TRAINING CENTRE	... ..	Mrs. R. Moss.
SUPERVISOR, BREWER STREET JUNIOR TRAINING CENTRE	...	Miss E. Ratford.
MATRON, HILLFIELD HOSTEL	...	Mrs. E. H. Brewer.
MATRONS, DAY NURSERIES	...	Mrs. S. Kulik, Mrs. B. A. Chew.
CHIEF AMBULANCE OFFICER	...	Mr. H. J. Addison.
ORGANISER, HOME HELP SERVICE		Mrs. H. Ebbans.
CHIROPODISTS		Chief Chiropodist—Mr. P. J. Eggington. Mr. G. Harding. Mrs. D. Bromley—part-time. Miss J. C. Hayes—part-time. Mr. P. J. Raden—part-time. Mr. M. Williams—part-time.



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COUNTY BOROUGH OF WALSALL

ANNUAL REPORT

OF THE

Medical Officer of Health

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE COUNTY
BOROUGH OF WALSALL.

Mr. Mayor, Ladies and Gentlemen,

I am pleased to present my Annual Report on the health of the County Borough of Walsall during the year 1969.

The department continues to adapt the existing services and where necessary add to the various sections to meet the needs of a modern public health service.

It is not always easy to plan long term projects when so many changes are due which will have a profound effect on the future of the public health and social services.

The Report of the Royal Commission on Local Government in England was published in June 1969, the second Green Paper on the Future Structure of the National Health Services and the Local Authority Social Services Bill early in 1970, so the future pattern is becoming a little clearer.

The Social Services Department will be created in 1971 by a combining of Children's and Welfare Departments with some of the social services currently administered by the Health Department and it is probable that the personal health services will merge with the hospital and general practitioner services and be financed and controlled by Central Government from newly created Area Health Authorities.

The divorcing of social services at Local Authority level from medical services organised at Regional and Central levels by the Central Government will create special difficulties as well as the structure for improvements.

The major difficulty envisaged will be to ensure adequate cross representation, advice and co-ordination.

It would be tragic if the health and social services, which in many spheres of their activities especially that of the care of handicapped children and adults and the care of the elderly, are interdependent, were allowed to develop in rigid and unco-ordinated departments. This problem has been stated by the Central Government but as yet they have produced no positive scheme to bridge the gap.

The suggestion of honorary appointments from the Area Health Authority to the Social Services would seem to be inadequate to ensure satisfactory co-ordination and I would suggest that local authorities would be well advised to insist that they have a statutory right to call on a medical member of the Area Health Authority for the channelling of medical advice and the co-ordination of the services. It may well be that Area Health Authorities may require a similar service for social advice from a senior officer of the Social Services Department.

The building of Pinfold Health Centre, to be used jointly by general practitioners and officers of the local authority, started at the end of the year. The combined health and social team which will work from the centre will be able to produce a better service for the patients attending the centre than was possible formerly.

A 40-50 place day nursery which qualifies for a 75 per cent Government Grant through the Urban Aid Programme, and which will meet a great need in the Palfrey/Caldmore area, was planned at the end of the year and building commenced in the last few days of the financial year.

The Pre-School Play Groups Association, a very active voluntary organisation, opened a number of extra groups during the year. It is pleasant to be able to report that about 1,400 children under school age are now receiving pre-school training from local authority nurseries, commercial nurseries and child minders and play groups in the Borough.

The motorways in the Borough are nearing completion and plans have been completed to meet the increased demand on the Ambulance Service. It is not yet known whether it will be necessary to increase the complement of vehicles and personnel when all the motorways are fully operational.

In analysing statistics for death rates, it is important to consider trends over a number of years rather than compare year with year. Yearly comparison of figures which statistically are small can be misleading but analysis of figures over a number of years will reveal whether the health services are achieving success or not in reducing death and illness in the Borough.

The live births in the Borough were 3,583, an increase of 120 over last year. The birth rate (19.4) is higher than the National rate (16.3).

The stillbirth rate of 17 is marginally higher than last year and is higher than the national rate. Higher rates are to be expected in industrial areas, although this is an improvement over the average for the last few years, but one can not be satisfied with a rate as high as this and constant vigilance must be exercised in the maternity services of the Borough to try to reduce the number of stillbirths.

The Infant Mortality rate (the number of children dying in the first year of life per 1,000 live births) has increased from 20.74 to 27 compared with a National rate of 18. This rate is higher than average rates over the last few years. Detailed analysis of infant deaths shows that the number of infants dying was spread fairly evenly over the year and over the age range of 1 week to 52 weeks and apart from slight increases in the number dying from prematurity or congenital malformations, no pattern emerges identifying any particular cause that would be amenable to any particular change in the type of care given. Continual efforts will have to be made to identify causes and to effect general improvements in medical and social care. There is need for an improvement in the statistical services available to the Health Department and the use of a computer would be an invaluable contribution towards this end.

The integration of a local authority services with the general practitioner services continued throughout the year and it is hoped that this will be completed in a few years. Integrated services allow the participants to work as a team and I see this as an effective way of increasing both the quality and quantity of medical and social care for the community.

I would like to record my appreciation for the continuous help and support I have received from the staff and from the Chairman and members of the Health Committee during the year.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

J. C. TALBOT,

Medical Officer of Health.

Health Department,
Darwall Street,
Walsall.
Telephone No. 21244.

SUMMARY OF STATISTICS

Area in Acres	12,990
Population, 1969 (estimated)	184,260
Rateable Value (1.4.69)	£7,710,081
Sum represented by a Penny rate (1969/70)	£31,000
Live Births:—	
Number (M. 1,849; F. 1,734)	3,583
Rate per 1,000 population	19.04
do. (standardised)	18.06
Illegitimate Live Births per cent of total live births ...	6.00
Stillbirths:—	
Number (M. 31; F. 30)	61
Rate per 1,000 total live and stillbirths	17.00
Total Live and Stillbirths (M. 1,880; F. 1,764)	3,644
Infant Deaths (deaths under 1 year) (M. 47; F. 50) ...	97
Infant Mortality Rates:—	
Total infant deaths per 1,000 total live births ...	27
Legitimate infant deaths per 1,000 legitimate live births	28
Illegitimate infant deaths per 1,000 illegitimate live births	20
Neo-Natal mortality Rate (deaths under 4 weeks per 1,000 total live births)	17
Early Neo-Natal Mortality Rate (deaths under 1 week per 1,000 total live births)	14
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths) ...	30
Maternal Mortality (including abortion):—	
Number of deaths	1
Rate per 1,000 total live and stillbirths	0.28
Deaths:—	
Number (M. 1,152; F. 936)	2,088
Rate per 1,000 population	11.30
do. (standardised)	14.20

SECTION A

VITAL STATISTICS

Population

The Registrar General's estimate of population for the County Borough for mid-year 1969 was 184,260, which is an increase of 200 compared with the estimated mid-year population for 1968.

The following table shows the population trend over the last five years:—

1965	...	...	120,290
1966	...	...	182,080 (From April)
1967	...	...	183,680
1968	...	...	184,060
1969	...	...	184,260

Live Births

There were 3,512 live births in the Borough during 1969, an increase of 49 over last year's total, giving a birth rate of 19.08 which is in excess of the national rate of 16.3.

Stillbirths

61 stillbirths occurred during 1969 in the Borough, showing a rate of 17.00 compared with a rate for England and Wales of 13.00.

Deaths

2,088 deaths occurred among Walsall residents during 1969 giving a death rate of 11.3. The rate for England and Wales was 11.9.

Infant Deaths

97 children under one year of age died during 1969, giving a rate of 27.0 per 1,000 live births, compared with a national rate of 18.0.

Perinatal Mortality

The perinatal mortality rate for Walsall during the last 5 years compared with the rate for England and Wales is shown.

Year		Walsall		England and Wales
1969	...	30.00	...	23.0
1968	...	29.25	...	25.0
1967	...	32.03	...	25.4
1966	...	37.03	...	26.3
1965	...	36.00	...	26.9

Maternal Deaths

There was one death associated with pregnancy during the year.

Deaths Reported to Coroner

The number of deaths reported to the Coroner during the year was 570 (377 males and 193 females).

Deaths investigated by the Coroner but no inquest held	458
POST-MORTEM EXAMINATIONS ordered by Coroner ...	448
Deaths on which inquests were held	112

VERDICTS RETURNED AT INQUEST:—

	M.	F.
Death by murder	—	—
Death by suicide	14	7
Death by manslaughter	1	—
Death by self-induced abortion	—	—
Death aggravated by lack of care or self-neglect	—	—
Death by want of attention at birth ...	—	—
Deaths by want, exposure, etc.	—	—
Death by accident or misadventure	41	25
Death from natural causes	1	—
Death from industrial disease	12	—
Stillborn	1	—
Open verdicts	—	—
	—	—
	*70	32
	—	—

7 inquests adjourned and not resumed.

6 deaths reported during the year will be dealt with in 1970 verdicts.

* Includes verdicts on 3 deaths reported in 1968.

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS												
					1-	5-	15-	25-	35-	45-	55-	65-	75 and over				
Enteritis and other Diarrhoeal Diseases ..	M.	5	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Respiratory System ..	F.	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Tuberculosis, incl. Late Effects ..	M.	8	—	—	—	—	—	—	—	—	—	2	4	—	—	—	—
	F.	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases ..	M.	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases ..	M.	3	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—
	F.	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm—Stomach ..	M.	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm—Lung, Bronchus ..	M.	110	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm—Breast ..	M.	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	32	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm—Uterus ..	F.	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leukaemia ..	M.	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Malignant Neoplasms, etc. ..	M.	84	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	84	—	1	—	2	1	—	—	—	—	—	—	—	—	—	—
Benign and unspecified Neoplasms ..	M.	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diabetes Mellitus ..	M.	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Avitaminoses, etc. ..	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Endocrine, etc., Diseases ..	M.	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anaemias ..	M.	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental Disorders ..	M.	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Continued from previous page

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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Other Diseases of the Blood, etc. . .	M.	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

	M.	1152	30	17	7	15	10	40	117	268	365	276
	F.	936	30	20	5	6	7	16	58	114	245	430
Cirrhosis of Liver	M.	1	—	—	—	—	—	—	—	1	—	—
Other Diseases of Digestive System ..	F.	5	—	—	—	—	—	—	1	—	—	—
Nephritis and Nephrosis	M.	4	—	—	—	—	—	—	—	—	—	—
Hyperplasia of Prostate	F.	5	—	—	—	—	—	—	—	—	—	—
Other Diseases, Genito-Urinary System ..	M.	2	—	—	—	—	—	—	—	—	—	—
Streptococcal Sore Throat, Scarlet Fever..	F.	5	—	—	—	—	—	—	—	—	—	—
Diseases of Skin, Subcutaneous Tissue ..	F.	3	—	—	—	—	—	—	—	—	—	—
Diseases of Musculo-Skeletal System ..	F.	10	—	—	—	—	—	—	—	—	—	—
Congenital Anomalies	F.	1	—	—	—	—	—	—	—	—	—	—
Birth Injury, Difficult Labour, etc. ..	M.	13	7	2	1	1	—	—	—	2	—	—
Other causes of Perinatal Mortality ..	F.	15	5	6	2	—	—	—	—	—	—	—
Symptoms and Ill-defined Conditions ..	M.	11	11	—	—	—	—	—	—	—	—	—
Motor Vehicle Accidents	F.	10	10	—	—	—	—	—	—	—	—	—
All other Accidents	M.	10	10	—	—	—	—	—	—	—	—	—
Suicide and Self-Inflicted Injuries.. ..	F.	10	10	—	—	—	—	—	—	—	—	—
All other External Causes	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	4	—	—	—	—	—	—	—	—	—	—
	M.	12	—	—	—	—	—	—	—	—	—	—
	F.	3	—	—	—	—	—	—	—	—	—	—
	M.	11	—	—	—	—	—	—	—	—	—	—
	F.	14	—	—	—	—	—	—	—	—	—	—
	M.	13	—	—	—	—	—	—	—	—	—	—
	F.	5	—	—	—	—	—	—	—	—	—	—
	M.	1	—	—	—	—	—	—	—	—	—	—
	F.	1	—	—	—	—	—	—	—	—	—	—
TOTAL ALL CAUSES	M.	1152	30	17	7	15	10	40	117	268	365	276
	F.	936	30	20	5	6	7	16	58	114	245	430

TABLE A

INFANT MORTALITY

Deaths from Stated Causes at Various Ages under One year of Age

CAUSES OF DEATH	Total Deaths under 1 year	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1 and under 3 months	3 and under 6 months	6 and under 9 months	9 and under 12 months
Meningococcal Infections ...	2	1	1	—	—	2	—	—	—	—
Diarrhoea and Enteritis ...	6	—	—	—	—	—	3	—	2	1
Premature Birth ...	25	24	—	—	1	25	—	—	—	—
Congenital Malformations ...	23	11	3	—	—	14	7	2	—	—
Injury at birth and difficult labour ...	4	3	—	1	—	4	—	—	—	—
Influenza ...	1	—	—	—	—	—	—	1	—	—
Pneumonia ...	15	—	2	1	—	3	6	5	1	—
Other diseases of Respiratory System ...	5	3	—	—	—	3	1	—	1	—
Accidents ...	2	—	—	—	—	—	1	1	—	—
Other Causes ...	14	9	—	2	—	11	—	1	—	2
Totals ...	97	51	6	4	1	62	18	10	4	3

TABLE B

CAUSES OF DEATH	Total Deaths under 1 year	Under 4 weeks	4 weeks and under 1 year
Enteritis and other Diarrhoeal Diseases ...	7	—	7
Other Infective and Parasitic Diseases ...	1	—	1
Other Malignant Neoplasms	1	—	1
Other Endocrine Etc. Diseases	1	—	1
Meningitis	4	3	1
Other Diseases of Nervous System, Etc. ...	2	—	2
Pneumonia	12	4	8
Other Diseases of Respiratory System ...	5	—	5
Intestinal Obstruction and Hernia	1	—	1
Congenital Anomalies	20	12	8
Birth Injury, Difficult Labour, Etc.	21	21	—
Other Causes of Perinatal Mortality ...	20	20	—
All Other Accidents	2	—	2
Totals ...	97	60	37

Table A shows this department's classification of causes of Infant Deaths and Table B the causes as stated on Form S.D.25 supplied by the Registrar General.

SECTION B

INFECTIOUS DISEASES

There were 708 cases of infectious diseases notified during the year, compared with 1,609 in 1968.

The following table shows the notifications and the deaths ascribed to each disease.

						Notified		Deaths
						1969	1968	1969
Measles	...	...	...	...	...	405	1,257	—
Diphtheria	...	...	...	...	...	—	—	—
Whooping Cough	...	...	...	...	...	30	88	—
Scarlet Fever	...	...	...	...	...	96	61	—
Erysipelas	...	...	...	...	...	—	5	—
Primary Pneumonia	...	...	...	...	...	—	29	—
Influenzal Pneumonia	...	...	...	...	...	—	4	—
Infective Jaundice	...	...	...	...	...	52	21	—
Puerperal Pyrexia	...	...	...	...	...	—	3	—
Ophthalmia Neonatorum	...	...	...	...	...	2	1	—
Meningococcal Infection	...	...	...	...	...	4	3	—
Poliomyelitis	...	...	...	...	...	—	—	—
Tuberculosis—Respiratory	...	...	...	...	...	63	74	11
Tuberculosis—Other Forms	...	...	...	...	...	21	16	3
Food Poisoning	...	...	...	...	...	13	26	1
Typhoid Fever	...	...	...	...	...	4	—	—
Paratyphoid Fever	...	...	...	...	...	—	—	—
Dysentery	...	...	...	...	...	17	19	—
Smallpox	...	...	...	...	...	—	—	—
Malaria	...	...	...	...	...	1	—	—

The above figures are not to be regarded as an accurate estimation of the number of notifiable infectious diseases occurring in the Borough during the year, because nationally returns for notifiable diseases are known to be incomplete, but rather as an indication of trends; an increase of notifications indicates an increase of total cases occurring.

It is pleasing to note that measles was far less prevalent during the year than formerly, 405 notifications compared with 1,257 in 1968, 1,449 in 1967 and 1,631 in 1966, this encourages one to hope that this debilitating disease which can have permanent complications, such as deafness, is on the decline. It would not be unreasonable even at this early stage to attribute some of the improvement to the measles vaccination programme.

Infective jaundice has only been a notifiable disease since June 1968, so it is as yet difficult to assess whether the illness is really increasing in the Borough or not.

Tuberculosis

The following report has been supplied by Dr. J. N. Macartney, a Chest Physician of the Birmingham Regional Hospital Board, who is in charge of the Walsall Chest Clinic, which deals with cases of tuberculosis. Dr. Macartney is also responsible to the Walsall Council in all matters relating to environmental conditions of tuberculosis cases in the Borough.

“Death rates per 1,000 population, with comparative figures for England and Wales:—

WALSALL

			Death Rates	
			1968	1969
Respiratory Tuberculosis	...	...	0.054	0.059
Other Forms of Tuberculosis	...	...	0.011	0.016

ENGLAND AND WALES

Respiratory Tuberculosis	...	...	0.030	0.022
Other Forms of Tuberculosis	...	...	0.013	0.015

There is no significant change in the tuberculosis rates for the County Borough of Walsall for 1969. The gradual reduction in the disease over the years appears to be at a standstill locally, and it is disturbing to find new cases still presenting with gross disease.

The coloured immigrant population have a particularly high incidence of tuberculosis, and constitute the major problem.

No dramatic improvement can be expected, and the present rates of notification of new cases and of deaths from tuberculosis, although they may fluctuate, are unlikely to alter fundamentally for some year.”

Venereal Diseases

Details of new cases in Walsall residents treated at the Venereal Diseases Clinic at the Manor Hospital, Walsall, during the last five years are given below:—

				1965	1966	1967	1968	1969
Syphilis	...	...	...	10	13	7	8	4
Gonorrhoea	...	...	...	156	176	245	186	209
Conditions other than venereal	...	...	...	297	332	477	470	448

The table above does not indicate the total number of cases occurring in the Borough, only those reporting at the hospital for treatment, a very small minority will obtain treatment from their private doctor or receive no treatment at all.

209 new cases of Gonorrhoea during the year shows that much more needs to be done on the preventive side and attention should be concentrated on more efficient contact tracing and more efficient health education.

Conclusion

The statistics indicate that generally infectious and contagious diseases, with the possible exception of gonorrhoea, are reasonably well under control. The incidence of many diseases could still be much reduced if parents could be persuaded that preventive immunisations are still necessary. Health Education in the future must find a way to get through to the increasing minority of parents who are indifferent to the need for protection and to the young people concerning the social and physical dangers of venereal disease.

SECTION C

LOCAL HEALTH SERVICES

Care of Mothers and Young Children Infant Deaths

Infant deaths can for statistical purposes usefully be divided into those occurring in the first week of life, as these are usually caused by factors relevant to the ante-natal and natal period and those occurring between the second week of life and the end of the first year because these relate to other factors such as child care, infectious diseases and social conditions.

97 infant deaths occurred during the year compared with 72 in 1968. Of the deaths which occurred during the first week of life, 11 were due to congenital malformations and 24 due to premature birth.

As mentioned earlier, it is unwise to draw firm conclusions from analysis of one year's figures. In dealing with numbers which statistically speaking are small, one should look at trends and averages over a period of years. Nevertheless it is a useful exercise to analyse the statistics of early neonatal deaths and see if any common factor emerges revealing causes which might be amenable to changes.

Of the 24 premature births 18 were British, 10 of them primipara (first child). With the exception of one mother who was 42, the age range was from 17 to 34. 21 of the children were legitimate. The general standard of ante-natal and maternal care was no different to the families who had produced full term or premature children who had survived.

The analysis to date reveals no significant difference between the families producing premature babies who died in the first week of life and families producing children who survive.

Unless some identifiable factor emerges as this analysis is continued over the years, all that can be suggested is that women known to be at greater risk to produce either a baby dead at birth or one that will die in the first week of life, i.e. over 35 years of age, suffering from toxæmia, multiple births, lengthy or difficult labour, small poorly nourished women, and possibly those who smoke heavily during pregnancy, merit special attention during the ante-natal period and confinement.

I am grateful to Dr. R. I. Wootton, Senior Departmental Medical Officer for Maternity and Child Welfare, for submitting these reports on Midwifery, Stillbirths, Cervical Cytology, Day Nurseries and Nurseries and Child Minders.

Midwifery Service

"The midwifery staff at the end of the year consisted of one Supervisor and 22 midwives.

The Rota system has been adapted to enable all midwives to have alternate week-ends off and this has proved to be very satisfactory.

The Domiciliary Scheme at Bloxwich Maternity Hospital is progressing and the number of deliveries by local authority midwives has increased.

The domiciliary service is becoming more integrated with the Maternity Hospital and midwives from both groups are now attending Study Days together.

Liaison with general practitioners is continuing and several midwives are attending these clinics. No midwife is yet attached to a group of general practitioners.

Midwives have been trained to reach relaxation and parent craft and are playing a more important part in this field.

In October 1969 midwives began taking heel prick blood for the Guthrie Test, which is to determine the presence of Phenylketonuria. The specimens are sent to Hollymoor Hospital for reading. There have been no positive cases to 31st December, 1969."

The following table shows the work carried out at the Ante-natal Clinics. Last year's figures in parentheses.

	Attendances		Medical Examinations		New Cases	
Pool Street ...	433	(455)	—	(91)	125	(131)
Pinfold ...	522	(612)	—	(314)	168	(198)
Countess Street	529	(528)	—	(297)	150	(191)
Ida Road ...	160	(172)	—	(68)	49	(71)
Littleton Street	135	(260)	—	(135)	46	(83)
Mossley ...	135	(215)	—	(—)	44	(78)
Beechdale ...	165	(215)	—	(—)	51	(76)
Coalpool ...	240	(293)	—	(117)	83	(117)
Kingshill ...	313	(388)	—	(36)	55	(68)
Short Heath ...	874	(1121)	—	(795)	193	(235)
Bilston Street	768	(868)	—	(689)	140	(157)
Churchill Road	307	(281)	—	(186)	72	(83)
Walsall Street	460	(571)	—	(452)	98	(109)
	5041	(5969)	* —	(3180)	1274	(1597)

Last year's figures in brackets

* Ante-natal examinations by Local Authority Doctors have been discontinued.

Stillbirths

61 occurred during the year. A survey showed that 55 occurred in hospital and 6 on the district.

DISTRIBUTION OF NOTIFIED STILLBIRTHS—BETWEEN INSTITUTIONAL AND DOMICILIARY CONFINEMENTS.

Cause	Maternity Hospital	Domiciliary	Total
Placental insufficiency ...	9	—	9
Maternal toxæmia ...	10	—	10
Foetal abnormality ...	6	2	8
Complications of labour	4	—	4
Prematurity	2	2	4
Accidental hæmorrhage	8	—	8
Maternal Illness	2	—	2
Constriction of cord ...	3	—	3
Unknown	11	2	13
	—	—	—
	55	6	61
	—	—	—

RATE PER 1,000 TOTAL LIVE AND STILLBORN

				Walsall		National Average
1966	...	...	...	19.75	...	15.4
1967	...	...	...	19.78	...	14.8
1968	...	...	...	16.47	...	14.0
1969	...	...	...	17.00	...	13.0

Maternal Deaths

During the year there was only one death under the heading of Pregnancy, Childbirth and Abortion, and this occurred in hospital.

Cervical Cytology

The service was again very successful with an increase in demand by women willing to have the test done, as seen by the figures below:—

		1968	1969
Number of patients attending	...	2,005	3,140

Factories were visited and 797 tests were taken during the 36 sessions held.

In August 1969, a shop in Walsall was used to publicise the service and as a result of this, it was decided to hold open sessions whereby any woman could have a test taken without appointment. The success of these clinics is illustrated by the fact that 360 tests were taken in five such sessions. To ensure attendances, women were circulated with leaflets, and posters and newspaper publications, in the vicinity of the clinics.

Total number of smears	3,140		
Total number of positives	10	from factory sessions	2
		from open sessions	1
		from clinic sessions	7

Day Nurseries

MEMORIAL PARK DAY NURSERY, WILLENHALL.

The Memorial Park Day Nursery, Willenhall, is a training nursery accommodating 50 children. The students attend part-time for theoretical training at Bilston Technical College.

Children are admitted to the Nursery on a waiting list basis, with priority admission for urgent cases. The waiting list has never been below 40 children throughout the year.

During the year an attempt has been made to bring more educational play to the 3-5 year olds attending the day nursery.

Medical inspections, vaccination and immunisations were held at the nursery during the year.

CENTRAL DAY NURSERY.

This is a 29 place nursery for children between 2-5 years. Although the premises are inadequate, the waiting list is still surprisingly long, probably because of the shortage of nursery places in Walsall.

The following table shows the average attendances at the Nurseries: —

	Number on Register at 31.12.69	Total No. of attendances	Average daily attendance
Central Day Nursery, Lichfield Street, Walsall	25	4,130	16.4
Memorial Park Day Nursery, Pinson Road, Willenhall	46	9,219	36.7

**Nurseries and Child Minders Regulation Act—
amended by Section 60 of the Health Services
and Public Health Act, 1968**

The new Act has increased the work of the department and a part-time Health Visitor has undertaken most of the work since June 1969.

Registered Minders and Private Nurseries

	Registered at 1.1.69	New Applications	Cancell- ations	Registered 31.12.69
Child Minders	1	53	6	48
Play Groups	12	10	1	21
Home Play Groups	3	1	1	3
Private Nurseries	1	1	—	2
Private Nursery Schools	2	1	—	3

As seen by the figures, the new Act has increased the number of registrations. The total number of places available is 698, occupied by 1,027 children, some on a part-time basis.

The Pre-School Play Group Association is very active in Walsall and as a result of their enthusiasm, ten new play groups have been registered during the year. The play group held at Countess Street Clinic is multi-racial.

Under the Second Phase of the Urban Programme, the P.P.A. had a grant of £400 for 1969-1970 and this has enabled help to be given to play groups for new equipment and supervisors' fees.

A number of play group leaders and helps attended lectures organised at Sandbank Nursery School and some attended courses at Bilston College of Further Education."

Child Health Centres

There are 16 child health centres in Walsall at which 20 sessions are held weekly attended by a doctor and health visitors.

The following table shows attendances in age groups at Child Health Centres during the year:—

CENTRE	Under 6 months		6—12 months		1—2 years		2—5 years		Total		New Cases
	A.	M.	A.	M.	A.	M.	A.	M.	A.	M.	
Pool St.	1888	312	854	197	488	143	94	45	3324	697	261
Pinfold	1827	286	1091	307	911	296	1204	141	5033	1030	317
C'tess St.	2232	383	1590	94	1426	261	766	88	6014	826	441
Ida Rd.	1196	269	953	282	613	208	344	77	3106	836	221
L'ton St.	943	136	504	138	234	86	105	34	1786	394	155
Beechdale	881	204	486	135	272	112	254	96	1893	547	182
Broadway	776	172	371	113	328	109	174	55	1649	449	141
Coalpool	969	242	486	157	363	118	257	74	2075	591	164
Mossley	1182	146	530	125	422	106	215	62	2349	439	162
Little Bloxwich	856	130	495	130	437	123	191	42	1979	425	106
Delves	745	83	575	98	390	72	343	17	2053	270	112
Kingshill	713	133	648	130	688	138	532	38	2581	439	108
Bilston Street	1255	193	795	187	683	118	701	47	3434	545	179
Walsall Street	1258	279	779	202	481	116	320	65	2838	662	199
Short Heath	3772	491	2059	116	1348	270	1824	90	9003	967	453
Churchill Road	868	144	586	163	427	144	183	53	2064	504	107
Totals	21361	3603	12802	2574	9511	2420	7507	1024	51181	9621	3308

A.—Attendances.

M.—Medical Examinations

Provision of Foods

Various types of proprietary baby foods, National Dried Milk, Orange juice and cod liver oil are available at all child welfare sessions, and part-time women are employed on the work of distribution. The following table shows the amounts of food sold during the year:—

16,306 tins	National Dried Milk
3,313 bottles	Cod Liver Oil
3,346 packets	Vitamin Tablets
35,913 bottles	Orange Juice
54,264 lbs.	Proprietary Dried Milk
131,945 packages	other Proprietary Nutrients

Unmarried Mothers and Children

The Walsall County Borough is a constituent authority of the Staffordshire County Council Scheme for the care of illegitimate children and their mothers.

I am grateful to the Organising Secretary, Lichfield Diocesan Association for Moral Welfare Work, for submitting the following report:—

“25 cases in which illegitimate births occurred in 1969 have been dealt with by Miss Grundy and these are reported on below. In addition 14 cases in which births occurred prior to 1969 were helped according to their various needs, including babies placed for adoption, advice as to Affiliation proceedings, finding accommodation, etc. 9 expectant mothers whose babies are due to be born in 1970 had the necessary plans made for their confinements; this makes a total of 48 cases under care in 1969.

4 mothers were accommodated in Diocesan Homes, 17 went into local hospitals for their confinements, 4 went into Homes outside the Diocese.

2 cases were married women, one was widowed and the other legally separated.

2 girls married, one to the putative father.

In all cases where it was possible, the putative fathers have been interviewed and 1 Affiliation Order was made.

The ages of the mothers ranged from 15 to 28 and are listed as follows:—

Aged 15—1, aged 16—1, aged 17—5, aged 18—5, aged 19—1,
aged 20—2, aged 22/27—7, aged 28—3

The ages of the putative fathers ranged between 15 and 36, the ages of 3 were not known.

The 25 babies who were born were placed as follows:—

- 13 with mothers at home
 - 1 with parents co-habiting
 - 1 with foster parents
 - 1 in hospital (premature)
- 4 adopted through this Association
- 3 adopted privately
- 1 stillborn

120 visits have been paid in connection with the 48 cases under review. In addition, the homes of 14 prospective adopters have been visited and reported on and 6 babies visited after placings have been made, girls conveyed to Homes and accompanied when they have had to appear in Court or to have their signatures witnessed when consenting to an Adoption Order being made."

Premature Births

290 babies were notified as having been born prematurely or dysmature, i.e. birth weight $5\frac{1}{2}$ lbs. or under.

Of these, 24 were born dead and 266 alive.

Comparable figures for the previous two years are:—

	1967	1968	1969
Total births	3,590	3,521	3,644
Premature or dysmature births	356	323	290
Born dead	31	18	24
Born alive	325	305	266

The health of the mother and the quality of ante-natal care has a direct bearing on the maturity of the baby at birth. Premature or dysmature babies have less chance of survival, either at birth or in early life, so it is satisfactory to report that the percentage of babies over $5\frac{1}{2}$ lbs. weight is increasing.

Congenital Defects

Congenital defects apparent at birth are notified to the department by hospitals, doctors and midwives, the existence of a congenital abnormality being entered on the birth notification cards. Particulars of the actual defect are obtained by forwarding the appropriate Department of Health and Social Security form for completion to the source of the notification.

An analysis of the congenital defects notified during 1969 is given below: —

Number of notifications of congenital defects received	46
Number of live births in above	38
Number of stillbirths in above	8

Defect	No. of cases
Mongol	2
Talipes of feet	6
Meningocele	4
Spina bifida	2
Hydrocephalic	3
Cleft Palate	4
Anencephalic	5
Hare Lip	1
Web toes	1
Abnormality of penis	1
Oesophagus atresia	1
Deformed right hand	1
Hypospadias	3
Extra Digits	5
Multiple abnormalities	5
Abnormality left knee	1
Small growth in front of left ear ...	1

Health Visiting

I am indebted to Miss Goode for submitting reports on Health Visiting, Home Nursing, Child Health Centres, Health Education and Special Activities.

“There is an obvious increase in the variety of work covered by the Health Visiting Section of the Public Health Nursing Service in Walsall. The Health Visitor is becoming more truly the friend of the family as envisaged in the Health Service Act 1946, is assisting all age groups and advising on the great variety of problems for which she has her nursing and social training.

Attachment of nursing staff to groups of general practitioners commenced this year with three health visitors attached to groups, with the resultant improved relationships of the two services and greater job satisfaction when the visitor has increased use of her variety of skills.

Hospital liaison continues with health visitors attending special clinics for pædiatric and diabetic patients with special follow-up visits to their homes when necessary, and reporting the observations of the health visitor who has known the family over a period of time. In fact, co-ordinating our Health Services for the ultimate benefit of the patient.

Geriatric visiting is mostly carried out by State Registered Nurses who supplement our Health Visiting Service with their school nursing duties too. They do a very valuable job and are welcomed by the elderly people of Walsall whom they visit regularly, advising, guiding and during the winter months, personally helping until other services can be organised to help in a specific direction.

The Superintendent Health Visitor has close liaison with the Geriatric Unit at the Manor Hospital, assessing home conditions and patients needs for hospital admissions and discharges; providing a valuable service for the patient and the hospital as well as co-ordinating our various services very successfully."

The following table shows the work carried out in connection with health visiting and tuberculosis visiting during 1969:—

	Number of Cases	Total Visits
Children born in 1969	3,412	13,505
Children born in 1968	5,689	11,694
Children born 1964—1967	10,667	20,761
Persons aged 65 years and over ...	4,940	16,903
Mentally disordered persons	38	96
Persons discharged from hospital ...	164	206
Tuberculosis households	5	11
Infections Diseases	178	292
Expectant Mothers	541	705
Post-Natal Mothers	3,622	5,172
Household Enquiries	396	396
Other Classes	2,731	4,034
Tuberculosis Visitor:—		
Tuberculosis households	659	1,488

Home Nursing

The work of the District Nurse continues to increase particularly as we take up the schemes for attachment of nursing staff to groups of general practitioners. Two groups are established now with the obvious need of a team of nurses breaking down the work load according to their training and experience, to make the most efficient and economic use of our service, with State Registered Nurses, State Enrolled Nurses and Nursing Auxiliaries.

In June we commenced a liaison with the General (Sister Dora) Hospital by a weekly visit of a senior member of the home nursing staff visiting the wards and making personal contact with staff and the patients who are to be discharged into the home nurses' care. This encourages an improved communication to the patients' benefit and creates better relationship between the two services.

The Post Graduate Training Scheme we have with our four neighbouring Boroughs improves and maintains our service at a good standard of efficiency.

The Night Helper Service continues very satisfactorily with 6 helpers working a total of 20 nights per week which is usually sufficient for the demands made on the service."

Mr. Jackson, the Superintendent of Home Nursing Service, contributes the following report:—

"NURSING STAFF

Full-time	National Certificate in District Nursing ...	6
„	Queens Institute District Nursing Service	1
„	State Registered Nurses	7
„	State Enrolled Nurses	4
Part-time	State Registered Nurses	3
„	State Enrolled Nurses	1
Auxiliaries	... ..	9
Night Helpers	... ..	6

Number of cases nursed 9,995 750 cases over 1968 figure.

Number of cases visited 86,476 2,000 visits over 1968 figure.

Ratio of nurses per head of population—1 per 7,500 population.

NIGHT HELPER SERVICE.

Number of staff	6	Number of nights worked per week	20
		Number of new cases	120
		Number of visits	1,050

WEST MIDLAND POST REGISTRATION TRAINING SCHEME—
incorporating Wolverhampton, West Bromwich, Dudley and Warley.

Nurses successful in obtaining National District Nursing Certificate—

In service training for auxiliaries	2 staff
Middle Management Course	1 staff
Training of Practical Work Instructors	2 staff
Refresher Courses under Queens Institute	2 staff
Health Education in schools	2 male nurses

Group attachment goes forward—two in actual being. This programme is expected to expand in 1970."

Child Health Centres

The varied use of child health centres has increased tremendously during the last two years, the public are more aware of the services available and many more general enquiries are directed to the Health Visitors now based at each centre.

Playgroups are held at 5 centres for 15 sessions each week, run by the mothers with help and advice from the health visitor at the centre and supervised by the Health Visitor for Nurseries and Child Minders.

Sewing Classes with a playgroup are still held at Coalpool and Little Bloxwich Centres with a teacher from the Education Department for dressmaking instruction.

Mothers' Clubs are held at Beechdale, Bentley, Kingshill, Mossley and Short Heath Centres with a variety of activities and speakers. There are afternoon or evening sessions, with playgroups for the day time periods. They give tremendous support to the mothers as well as opportunities for health education by the staff.

Relaxation and Mothercraft Classes are held at five centres throughout the Borough with an evening meeting every 7 weeks, for both parents to attend a film about childbirth and take part in the discussion which follows.

An Old Peoples' Club is run at Little Bloxwich Centre, which is very lively and active, certainly satisfying a need in that area for group activities.

A Slim-Fit Club was opened at Countess Street in July, run by two health visitors who arrange regular weighing, speakers and discussions on a well balanced diet and physical exercises or music and movement each week. There have been 62 members, their ages varying from 10 years to over 60 years. The group therapy and happy atmosphere have certainly helped many to face their problem, 6 members have lost over 1 stone and 25 have lost up to 1 stone. General practitioners are referring some cases but many members lose interest or are not sufficiently motivated to keep up the sustained effort.

Health Education

Schools

During 1969 health education was carried out by the Health Department in 20 schools in Walsall, which means that health visitors or state registered nurses were going into most of the senior schools in Walsall, secondary modern, comprehensive and grammar schools, for "Child Care", "Hygiene and Growing Up" and "Learning to Live". These syllabi cover human relationships as well as human biology, reproduction and the various problems of adolescence.

Special Groups

The Duke of Edinburgh Award Schemes, St. John's Ambulance Cadets, various Organisations and Guilds request members of the Health Department to give talks or series of instruction to their members which staff are willing to undertake as an important part of their work.

Special Activities in 1969

1.—Home Safety Exhibition on 30th June at the Y.W.C.A., Whittimere Street, when members of mothers' clubs at Child Health Centres and their families took part in the preparation and displays for Home Safety. This caused them to examine their own home safety and encourage others to realise the very real dangers that are in a home.

2.—A Cytology Campaign was held in Greys former premises in Bridge Street by courtesy of the Co-operative Society during the week of August 25th-29th. Films were shown almost continuously on the cervical smear test and self examination of the breast. Discussions followed and women were eager to take advantage of the opportunity to arrange for their examination, to reassure themselves and if necessary get immediate treatment to prevent cancer developing.

3.—Health Services for the Elderly was our subject for the Old People's Exhibition at the Town Hall put on by the Guild of Social Service on October 27th.

Much interest was shown by the people of Walsall in the services available and increased liaison of services for the elderly must follow from a project of this nature.

We are co-ordinating our Health Education Service and slowly increasing the teaching material available to help our Health Visitor for Health Education and the nurses on our staff to do this very big part of their work more easily and effectively."

Vaccination and Immunisation

Less children received immunisation against poliomyelitis and more children were vaccinated against tuberculosis than in 1968. There was a marked drop in the number of children immunised against measles, partly due to a national shortage of vaccine.

The immunisation programme presents a challenge to health educationalists, both at local and national levels. Continuing efforts must be made to persuade parents that protection against diseases by immunisation is still necessary.

Detail of immunisations and vaccinations given during the year are shown below:—

Smallpox

	0-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	1 year	2-4 years	5-15 years	Total
Vaccinated	8	4	5	58	1099	243	64	1481
Re- Vaccinated	—	—	—	—	—	6	38	44

B.C.G.

	School children and students	Contact Scheme
Number skin-tested ...	3,320	329
Number found positive ...	564	81
Number found negative ...	2,607	241
Number vaccinated ...	2,607	302

Other Vaccination and Immunisation

Completed Primary Courses

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1969	1968	1967	1966	1962 1965		
1. Quadruple DTPP ...	—	—	—	—	—	—	—
2. Triple DTP ...	71	1021	165	34	51	3	1345
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	2	47	8	4	705	293	1059
5. Diphtheria	1	—	—	—	1	—	2
6. Pertussis	1	3	—	—	—	—	4
7. Tetanus	4	2	6	3	13	85	113
8. Salk	—	—	—	—	—	—	—
9. Sabin	50	1084	231	43	89	10	1507
10. Measles	—	79	201	129	823	19	1251
11. Lines 1-2-3-4-5 (Diphtheria) ...	74	1068	173	38	757	296	2406
12. Lines 1-2-3-6 (Whooping Cough)	72	1024	165	34	51	3	1349
13. 1-2-4-7 (Tetanus)	77	1070	179	41	769	381	2517
14. Lines 1-8-9 (Poliomyelitis) ...	50	1084	231	43	89	10	1507

Other Vaccination and Immunisation Reinforcing Dose.

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1969	1968	1967	1966	1962 1965		
1. Quadruple DTPP ...	—	—	—	—	—	—	—
2. Triple DTP ...	5	41	419	96	107	3	671
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	2	8	4	1720	866	2600
5. Diphtheria	—	2	—	—	14	31	47
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	—	1	11	12
8. Salk	—	—	—	—	—	—	—
9. Sabin	2	15	83	25	136	28	289
10. Measles	—	—	—	—	—	—	—
11. Lines 1-2-3-4-5 (Diphtheria) ...	5	45	427	100	1841	900	3318
12. Lines 1-2-3-6 (Whooping Cough)	5	41	419	96	107	3	671
13. 1-2-4-7 (Tetanus)	5	43	427	100	1828	880	3283
14. Lines 1-8-9 (Poliomyelitis) ...	2	15	83	25	136	28	289

Ambulance Service

The Service is still working under difficulties. The new station is not yet completed and the personnel are still having to work from two inadequate centres.

Recruiting is difficult and the problem of having sufficient staff working at peak periods without their having to undertake a large amount of overtime is as yet unsolved.

Negotiations for an interim productivity agreement were started during the year but it was decided that an agreement would not be possible until the staff were working from the new station.

The motorway is nearing completion and there is no doubt that this will create problems for the service, the accident rate in urban motorways is known to be high and rescue work presents new and dangerous situations for the rescue workers. Continuous consultation between the police, fire services and ambulance services has taken place during the year to plan for this aspect of rescue work,

AMBULANCE SERVICE

The following table shows the work carried out during the year:—

Month	JOURNEYS										CASES				MILEAGE	
	Illness		Emergency		Other		Abortive and Service		Midwives, Home Nurses, Analgesia Apparatus etc.		Illness		Emergency		Other	
	AMB	S.C.V.	AMB	S.C.V.	AMB	S.C.V.	AMB	S.C.V.	AMB	S.C.V.	AMB	S.C.V.	AMB	S.C.V.	AMB	S.C.V.
Jan.	319	233	223	6	50	88	29	10	—	10	1532	594	2243	6	226	352
Feb.	143	170	214	—	200	171	24	30	4	—	253	71	3718	—	270	2120
Mar.	216	100	214	—	201	250	19	10	—	13	1195	1429	2143	—	206	1814
April	200	208	193	—	79	119	38	—	8	—	1145	746	2243	—	101	1650
May	263	336	234	—	62	117	29	7	—	2	1444	2769	526	—	114	2985
June	289	470	222	—	10	56	40	8	—	5	1475	362	3060	—	51	2940
July	58	362	233	—	151	86	19	7	—	3	313	3053	1318	—	1260	1782
Aug.	14	331	258	—	34	49	14	11	—	6	1161	987	1920	—	34	—
Sept.	204	138	241	—	26	181	25	5	—	5	1512	1329	2704	—	116	2000
Oct.	155	221	216	—	25	196	21	10	—	4	1496	1501	1798	—	958	—
Nov.	238	300	253	—	45	229	32	13	—	3	1185	1378	1642	—	1049	—
Dec.	288	328	252	—	37	344	17	12	—	5	1839	491	4682	—	42	1471
Total	2327	3197	2753	6	920	1886	307	123	12	56	14550	14710	27997	6	4497	11983
																158301

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Sick-Room Appliances Service

Sick-room appliances are available for issue to patients on loan on the recommendation of the hospital, family doctor, district nurse or health visitor.

During the year the following articles were issued:—

Rubber sheets	...	119	Walking aids	...	29
Back rests	...	177	Urinals	...	115
Feeding cups	...	19	Air rings	...	118
Crutches	...	16 prs.	Wheel chairs	...	95
Walking sticks	...	59	Bedpans	...	227
Bed Cradles	...	58	Bed boards	...	7
Bed tables	...	8	Air beds	...	1
Commodes	...	65			

Convalescent Treatment

Under the Council's convalescent treatment scheme arrangements are made to provide convalescent holidays for persons certified by medical practitioners to require them.

During the year, 14 children were sent to a Convalescent Home at Old Colwyn for two weeks.

Two adults went to convalescent homes at Weston and Llandudno for two weeks.

The children's part of the scheme is run on similar lines to that operated by the Walsall Poor Children's Country Holiday Society and co-ordination of the two schemes is well established.

Chiropody

The following table shows the number of attendances for chiropody treatment since the commencement of the service:—

					Number of attendances for treatment
1961	...	...	...	...	693
1962	...	...	...	...	562
1963	...	...	...	...	611
1964	...	...	...	...	827
1965	...	...	...	...	1,700
1966	...	...	...	...	4,097
1967	...	...	...	...	5,864
1968	...	...	...	...	7,822
1969	...	...	...	...	9,154

Chiropody is available to old age pensioners, nursing mothers and school children.

The demands on the service continue to grow and the necessity to select priorities and ensure maximum use of staff becomes more difficult each year.

Mr. Eggington was promoted to Chief Chiropodist during the year to ensure that the service is used to best advantage.

DOMESTIC HELP SERVICE

Staff

The domestic help service is the most important service that the Health Department can offer to old people.

The staff consists of one full-time Organiser, one full-time Assistant Organiser, 10 full-time and 138 part-time home helps.

The following statistics show the work done by the domestic helps during the year: —

1,315 persons received help during 1969 of whom 1,181 (90 per cent) were aged 65 years or over. The number of confinement cases attended was 63.

It is impossible to maintain a complete establishment as it is difficult to recruit suitable staff. The persons best suited for this service often have domestic responsibilities so are seldom able to stay in the service for any length of time.

MENTAL HEALTH

Administration and Staff

General Medical Supervision	Medical Officer of Health.
	Deputy Medical Officer of Health.
	Medical Officer for Mental Health.
	1 Senior Mental Welfare Officer.
	4 Mental Welfare Officers.
	1 Mental Welfare Officer (Social Workers' Course, 2 years).
	1 Trainee Mental Welfare Officer.

Training Centres:—

Junior—Brewer Street ...	1 Supervisor.
	5 Assistant Supervisors.
	1 Male Instructor.
	3 General Assistants.
	1 Part-time Female Instructor.
	Domestic Staff.
	1 Part-time Clerical Assistant.
Adult—Shepwell Green ...	1 Manager.
	1 Deputy Manager.
	2 Male Instructors.
	2 Female Instructors.
	Domestic Staff.
	1 Part-time Clerical Assistant.
Adult—Brewer Street ...	1 Manager.
	1 Deputy Manager.
	2 Male Instructors.
	4 Female Instructors.
	1 Female Instructor (Temporary).
	Domestic Staff.
	Part-time Clerical Assistant.
Hillfield Hostel, Willenhall	1 Matron.
	1 Deputy Matron.
	2 Female Attendants.
	Ancillary staff.

Approval of Medical Practitioners

The following doctors are approved by the Local Health Authority under the Mental Health Act, 1959, to give medical recommendations for compulsory admission of mentally disordered persons to hospital or reception into Guardianship:—

Dr. T. Ross	...	...	General Practitioner.
Dr. G. M. Baker	...	...	General Practitioner.
Dr. A. B. Davies	...	...	General Practitioner.
Dr. L. A. Redlich	...	...	General Practitioner.
Dr. P. G. H. T. Pollitt	...	...	General Practitioner.
Dr. M. Pendlington	...	...	General Practitioner.
Dr. E. R. S. Grice	...	...	General Practitioner.
Dr. J. W. Tanner	...	...	General Practitioner.
Dr. H. A. H. Summers	...	...	General Practitioner.
Dr. S. D. Chaudhuri	...	...	Senior Departmental Medical Officer.
Dr. R. I. Wootton	...	...	Senior Departmental Medical Officer.
Dr. F. D. Honneyman	...	...	Consultant Physician (Geriatrics).

(Note: Dr. J. C. Talbot and Dr. J. Burrowes are Approved by County Borough of Blackpool and Salop County Council respectively.)

I am grateful to Mr. Biddulph, the Senior Mental Welfare Officer, for submitting the report on mental health:—

“Admission and After-Care

The following table shows the number of cases dealt with in 1969 under the Mental Health Act, 1959, by the Mental Welfare Officers:—

Removed to hospitals—mental illness	...	...	172
Cases investigated	...	...	190
No. of patients referred for after-care	...	...	457
No. of after-care visits paid	...	...	2,004
No. of miscellaneous visits	...	...	470
Admissions—Subnormal patients	...	...	28
Visits—Subnormal patients	...	...	1,126

The following is a summary of placements as at 31st December, 1969:—

Out of the Borough Cases:

	Burton	Dudley	Stafford- shire	West Bromwich
Adult Centre, Brewer Street ...	—	—	2	8
Shepwell Green ...	—	9	4	9
Hillfield Hostel ...	1	2	5	1
(Includes One "No Home")				

Other Authorities' Services:

	Wolverhampton	Staffordshire
Junior Centre ...	7	—
Home for aged ...	—	1

Holiday Facilities

Holiday Home arrangements for adult trainees were again provided, two parties from the Centres were accommodated at the Miners Welfare Home, Rhyl, a contribution for the maintenance was made by the individual trainee.

JUNIOR CENTRE, BREWER STREET, WALSALL.

There were 90 Junior trainees on the register at December, 1969. The Curriculum of the Centre includes rug making, stool seating, embroidery handicrafts, percussion band, eurythmics, country dancing, puppetry, games and speech training.

Special Care unit facilities are provided for pupils with added physical disabilities.

Trainees are conveyed by departmental coaches or by sitting case ambulances in the case of children with additional handicaps. In the majority of cases the children are escorted by the parents to a "pick up" point, but some are conveyed directly from their home according to individual needs.

The observation and Pre-five group is still maintained, but the original scheme will be modified to meet urgent demands. Notifications are continually received in respect of children who would benefit from the Junior Training Centre facilities. Additional delay in the erection of extensions has resulted in hardship within the families who are responsible for the daily care of the handicapped child, and it can be foreseen that other schemes will be necessary to provide an extended form of training for the handicapped child from the age of three years.

ADULT CENTRES:

Number on registers, December, 1969:—

Brewer Street	...	...	...	...	106
Shepwell Green, Willenhall	...	...	...	...	53

The structural design of the two centres is contrasting, but minor alterations have been effected at the Shepwell Green Centre in order to offer a more congenial setting for the Trainees in attendance. A varied programme of training has developed within the Adult Centres and in addition to a work setting, general socialization and housecraft are recognised as important aims within the daily activities. A swimming group has continued to attend at the local Baths.

Contract work is undertaken, while various methods and techniques are introduced to simplify the work in assembly or packing.

The range of completed articles manufactured or finished comprises woodwork, metalwork, rug making, concrete work, printing and the departmental laundry. Efforts are made to vary the movement of trainees to develop a change of skills.

Coach transport is provided but Trainees are encouraged to travel by public transport whenever possible. Bus fares are refunded.

Free meals are provided with an output incentive which is paid weekly and this scheme conforms to the requirements relating to Government allowances.

A group of former patients from Hospitals for the mentally ill attend and accept the facilities intended primarily for the mentally handicapped. These arrangements provide a substitute for Day Hospitals service as there is, of course, a degree of supervision within the Training Centre setting. Whilst this is somewhat experimental there has been no marked problem between the groups.

The Medical Officer for Mental Health makes regular weekly visits to the Training Centres in order to maintain medical supervision over the trainees in attendance. This has now become an accepted essential to include dental care, etc.

In the case of Shepwell Green Centre, a few trainees in attendance are also part-time residents at Hillfield Hostel and return to their parents' home at weekends.

A voluntary Committee with special interest in the Shepwell Green Centre holds periodic meetings and provide extra comforts and services for the trainees.

Residential Accommodation

HILLFIELD HOSTEL, BILSTON LANE, WILLENHALL—
(20 beds—10 male, 10 female):

Some of the residents are able to attend for employment in Industry while others are required to attend at the Shepwell Green Centre. An arrangement already in existence, permitting some residents to remain for part-time only (four nights) continues by agreement with the appropriate authority. A contribution towards the cost of maintenance is made by the residents.

A group of working residents enjoyed one week's holiday at a Holiday Camp. They were escorted by a Female Attendant from the Hostel, and total cost of accommodation, coach fare, etc., was borne by the trainees.

Residents' finances are controlled by the Matron and records are maintained at the Central Office.

The daily care and guidance is given by the Matron and every effort is made to provide a family atmosphere. Medical attention is readily available from a local general practitioner, but periodic visits are also paid by the Medical staff of this authority.

Future Projects

In addition to the need for Hostels for the Mentally Ill, Sheltered Workshops, Short Stay Homes, which have been envisaged, consideration is being given to a Home for Maladjusted Adolescents (a joint project with Children's Department) and Day Centre facilities for selected mentally ill Clients.

Day Hospital Service

This service is available for the mentally handicapped at St. Margaret's Hospital and the mentally ill at All Saints Hospital, Winson Green, and St. Matthew's Hospital, Burntwood. Patients are conveyed to and from their homes by ambulance.

Short Term Care

Selected children were accommodated at a Home established by the National Society for Mentally Handicapped Children. Although it has been the usual practice for several years, for similar facilities at St. Margaret's Hospital, it will be necessary to give consideration to the problem within the Hospital of a 10 year maintenance programme, which will affect the availability of beds for Short Term Care arrangements. This could be overcome by the provision of a Short Stay Home by the Local Authority.

Social Club Activities

The Phoenix Social Club, which meets weekly, is a Club for patients who have been discharged from Mental Hospitals, and for those persons who are in need of a preventive service. It has proved to be a valuable contribution to the Councils Mental Health Service. A varied programme is arranged which includes coach trips, Social Evenings, Film shows, and invited Speakers also attend. Mental Welfare Officers are always in attendance and this allows the patients an opportunity to discuss any problems relating to family matters, employment, and general rehabilitation. The Club is supported by Voluntary Workers, an arrangement which has existed over many years.

The Adult Training Centre Social Club has now become an established activity and this affords an opportunity for Trainees, along with relatives to enjoy a social setting. Many of the mentally handicapped adolescents are deprived of Youth Club activities and lack opportunities to mix with their age group. Various voluntary groups send representatives for their particular activity and this permits a personal involvement resulting in a greater appreciation of the problem of the handicapped. Members of staff are always available for such functions."

MENTAL HEALTH ACT, 1959

Number of patients referred to Local Health Authority during the year ended 31.12.69

39

Referred by	Mentally Ill				Psychopathic				Subnormal				Severely Subnormal				Totals
	Under Age 16		16 years and over		Under Age 16		16 years and over		Under Age 16		16 years and over		Under Age 16		16 years and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
(a) General Practitioners ...	—	—	7	9	—	—	1	—	—	—	—	—	—	—	1	—	18
(b) Hospitals, on discharge from in-patients treatment ...	—	—	192	266	—	1	1	2	—	—	6	5	—	—	3	3	479
(c) Hospitals, after or during out-patient or day treatment ...	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	3
(d) Local Education Authorities ...	—	—	—	—	—	—	—	—	—	—	15	3	12	2	—	—	32
(e) Police and Courts ...	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	2
(f) Other Sources ...	—	—	3	5	—	1	1	—	—	—	1	2	3	1	—	2	19
(g) TOTAL ...	—	—	205	282	—	2	3	2	—	—	22	10	15	3	4	5	553

As from 1st January 1968, "referral" was limited to persons who were referred to the authority for the provision of services, whether centre or hostel, by means of home visits or otherwise. Referrals made for the purpose of obtaining admission to hospital were not counted.

MENTAL HEALTH ACT, 1959

Number of patients awaiting entry to hospital, admitted for temporary residential care or admitted to guardianship during 1969

	Mentally Ill				Elderly Mentally Infirm		Psychopathic				Subnormal				Severely Subnormal				Total
	Under Age 16		16 and over		M	F	Under Age 16		M	F	16 and over		M	F	Under Age 16		M	F	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	
1. Number of persons in L.H.A. area on waiting list for admission to hospital at end of year.																			
(a) In urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	
(b) Not in urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	3	
(c) Total	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	1	—	4	
2. Number of admissions for temporary residential care (e.g. to relieve the family).																			
(a) To N.H.S. hospitals	—	—	—	—	—	—	—	—	—	—	—	—	—	4	2	4	4	14	
(b) To L.A. residential accommodation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(c) Elsewhere	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	
(d) Total	—	—	—	—	—	—	—	—	—	—	—	—	—	5	2	4	4	15	

MENTAL HEALTH ACT, 1959

Number of Persons under Local Health Authority care at 31st December, 1969.

	Mentally Ill				Elderly Mentally Infirm		Psychopathic				Subnormal				Severely Subnormal				Total				
	Under Age 16		16 and over		M	F	Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over						
	M	F	M	F			M	F	M	F	M	F	M	F	M	F							
1. Total number	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)			(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		
2. Attending workshops, day centres, or training centres (including special units) ...	—	—	7	8	8	14	—	—	3	1			—	2	8	11	65	61	36	51	1057		
3. Awaiting entry to workshops, day centres, or training centres (including special units)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14	8	—	1	23		
4. Receiving home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
5. Awaiting home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
6. Resident in L.A. home/hostel	—	—	—	—	—	1	—	—	—	—	—	—	—	—	6	3	—	—	2	3	15		
7. Awaiting residence in L.A. home/hostel ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2		
8. Resident in other homes/hostels	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1		
9. Boarded out in private household	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
10. Attending day hospitals	—	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	11		
11. Receiving home visits and not included in lines 2-10	(a) suitable to attend a training centre		14	5	—	—	—	—	—	—	—	—	—	—	6	7	—	—	9	11	52		
	(b) others		167	229	8	13	—	—	3	1	—	—	—	—	163	112	—	—	15	27	738		
12. Number of children under age 16 attending training centres who have not been included in item 2 because they do not come within the categories covered in columns (1) to (18)																					Male		NIL
																					Female		NIL
																					Male		2
																					Female		NIL
13. Number of persons included in item 6 who reside in accommodation provided under the National Assistance Act, 1948																							

Nursing Homes

At the end of the year there were no nursing homes registered under the Public Health Act, 1936.

Medical Examinations

The medical staff of the Health Department carry out medical examinations on behalf of the various corporation departments on candidates for admission to the superannuation scheme and also act as medical examiners in cases where corporation employees are reported to be medically unfit to continue in the Council's service.

The following table shows the number of medical examinations carried out during the year:—

Education Department	...	...	...	333
Health Department	...	...	...	85
Transport Department	...	...	...	370
Housing Department	...	...	...	45
Public Works Department	...	...	...	77
Borough Treasurer's Department	...	...	...	30
Baths, Parks and Cemeteries	...	...	...	68
Institute for the Blind	...	...	...	3
Children Department	...	...	...	25
Town Clerk's Department	...	...	...	19
Welfare Department	...	...	...	12
Borough Architect's Department	...	...	...	9
Public Libraries	...	...	...	22
Fire Department	...	...	...	9
Questionnaires re Medical Examination	...	...	...	127

Water Supplies

The following information has been received from suppliers of water to the County Borough of Walsall:—

The Distribution Engineer of the South Staffordshire Waterworks Company reports as follows:—

“The water supply to the County Borough of Walsall has been satisfactory both in quality and quantity.

The water supply to the County Borough of Walsall is derived from pumping stations outside the boundaries of the Authority. These pumping stations are examined regularly and, where treatment is installed, bacteriological examinations of the raw waters are also carried out.

During 1969, routine samples were examined within the County Borough from the Walsall Reservoirs, Daisy Bank Crescent, Bloxwich, and 15 Slater Street, Darlaston.

12 samples from Bloxwich, 13 from Daisy Bank Crescent, 29 from the Area Offices and 13 from Darlaston were all satisfactory both bacteriologically and chemically.

24 out of 29 samples from the Walsall Reservoir were free from coliform bacteria.

In cases of possible contamination, such as a burst or damaged main, emptying reservoirs etc., emergency chlorination is performed. Special apparatus and staff are available for this work. New mains etc. are not brought into use until the water has been examined and proved satisfactory.

The number of houses supplied with water in the Walsall area at the 31st December, 1969 was 47,092. None of the houses were supplied from outside taps. When calculating the number of population supplied, a figure of 3.11 persons per house is used.

Only one of the supplying stations contains any significant quantity of naturally occurring fluoride. This is Seedy Mill, where an average of 0.17 p.p.m. was obtained in 1969.

The waters are not liable to plumbo-solvency, all the tap samples being free from any appreciable quantity of lead."

Sewerage

The Main Drainage and Sewage Disposal Authority for the district is the Upper Tame Main Drainage Authority, from whom I have received the following report:—

"There are six Sewage Disposal Works within the boundaries of the district, none of which can be considered as being reasonably adequate to deal with the flows of sewage discharged thereto. The drainage areas of two of these Works lie almost entirely outside the district (one in the County Borough of West Bromwich and the other in the County Borough of Wolverhampton) and another lies partly within Aldridge/Brownhills Urban District.

The watercourses within the district act as carriers for sewage effluents from ten other Works vested in the Authority and situated outside the district, making a total of sixteen of which only one is adequate.

All of the sixteen Works are the subject of schemes for the centralisation of sewage disposal which have been prepared by the Authority. Two centralisation schemes are involved, one of which

will be based on a Works in the district, the first stage of which is scheduled for completion in 1975 and the other, which is based on a site down stream of the district, is the subject of an application for planning permission now awaiting determination by the Minister of Housing and Local Government. If the Minister approved the scheme and the work is carried out according to programme, the centralisation of sewage disposal facilities will be completed in 1977. If the Authority's schemes are implemented, all the Works within and up-stream of the district should be producing satisfactory effluents, with the result that there should be a great improvement in the condition of the watercourses running through the district.

The Authority proposes to carry out in 1970 temporary remedial measures at two Works within the District and one up-stream of the district, designed to improve the quality of the river water and at the same time provide capacity for additional housing development; the life of these works will be related to the programme for the completion of the centralisation scheme."

National Assistance Act 1948, Section 47

This section provides for the compulsory removal of persons in need of care and attention. There was one case during the year where action was necessary.

Cremation

The Medical Officer of Health is the Medical Referee to the Walsall Corporation under the regulations made in pursuance of the Cremation Acts, and is responsible to the Corporation for the final authority to cremate. The Deputy Medical Officer of Health and the Senior Departmental Medical Officer act as medical referees in the absence of the Medical Officer of Health.

During 1969 certificates were given in respect of 695 deaths of persons who had resided in Walsall and 390 in respect of persons who had resided outside the Borough, a total of 1,085.

Blind Persons

The care of blind persons is a function of the Welfare Committee in Walsall and they work in close conjunction with the Walsall, Wednesbury and District Society for the Blind. There is a modern institution and workshop for the blind in the town and the facilities and care provided are of the best.

At the end of 1969 there were 402 Walsall residents on the register for the blind and 72 on the register for the partially-sighted.

COUNTY BOROUGH OF WALSALL

ANNUAL REPORT

OF THE

Chief Public Health Inspectorfor the year ended 31st December, 1969

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the work of the public health inspectorate for the past year.

The Report shows the familiar pattern of advances in some fields, setbacks in others and underlying all a continuous groundwork of constant inspection and supervision to maintain standards already obtained.

One disappointing setback during the year has been the deferment of the domestic smoke control programme, particularly in that with only some 12 per cent of premises covered Walsall falls well short of the national average of 52 per cent at the end of the year. A survey was carried out of the Delves Area covering over 2,000 houses but this had to be deferred because of financial restrictions and later again deferred because of uncertainty about solid smokeless fuel supplies.

The position is not quite so gloomy as may appear at first sight as is indicated by the small diagram on page 74 of the Report. This shows that air pollution is now only one quarter of that found in the Town Centre thirteen years ago, taking the annual average. The improvement is doubtless due to improvements in the firing of commercial boilers and industrial furnaces with the introduction of smoke control areas, joined to the continuing trend of the housewife to turn away from the open coal fire to cleaner, more convenient ways of home heating. The demolition of old unfit houses with their coal burning grates and their replacement with modern smokeless dwellings is also assisting in the general improvement.

Another disappointment has been the short fall of about a hundred houses in the slum clearance programme, but it is hoped that this will prove to be simply a "bookkeeping" figure and that an excess number during the current year will restore the average balance of 500 per year. The explanation for the disappointing figure seems to

lie with the great deal of time which has had to be given to survey work to prepare programmes for the years ahead and bring recorded information up to date. Now this work has been largely completed the benefits should be felt in ensuing years. Another reason for the slowing down of work has been the necessity to absorb the wide provisions of the new Housing Act, 1969 and to set up the necessary procedure to deal with the major provisions of that Act relating to improvement of houses; improvement areas; registration of houses in multiple occupation; qualification certificates for rent increases; and remedial repair work.

In the field of food hygiene there has been a welcome increase in the number of inspections, particularly in food preparing premises. It is hoped to increase the amount of time given to this work when two vacancies in the department are filled later next year. In the meantime a reorganisation of duties had led to greater attention to this important work. A number of Codes of Practice has been purchased for distribution to members of the food preparing trades concerned and steps taken to promote a Food Hygiene Handbook next year. Lectures, talks and demonstrations are given by staff members to catering staff, food handlers and outside organisations on request. The course of lectures for retail food handlers run for some years at the Walsall and Staffordshire Technical College has been continued with success, with several students obtaining the Certificate of the Royal Society of Health. The co-operation of employers in encouraging their staff to attend these courses is appreciated.

The section of the Report dealing with noise control shows how this work has increased in recent years with over 700 visits paid during the year. Some success has been achieved but the greatest need is for new legislation with realistic standards for noise control.

During the year a great deal of time had to be given to the preparation and presentation of evidence in connection with the promotion of the Parliamentary Bill. Some limited new powers were obtained but other powers held for some years were lost.

My thanks are expressed to all members of the staff who assisted in the compilation of the Report, and to the Health Committee for their continued support throughout the year.

J. P. BARTON,

Chief Public Health Inspector.

PART 1 — GENERAL

The number of complaints of all kinds received by the department during the year was 5,750 of which 1,831 referred to nuisances and disrepair of property. The figures are set out in the table below with the figures for 1968 for comparison:—

	1969	1968
Complaints dealt with	5,750	5,500
Notices served	840	854
Enquiries handled	14,000	11,500
Visits made for all purposes ...	37,673	30,806

Early in 1969 a reorganisation of work within the department resulted in the division of the Borough into six districts, with each district administered by a district public health inspector under the general day to day supervision of a senior district public health inspector who also had charge of a district. The responsibility for the inspection of large catering establishments and food preparing premises was transferred from the district division to the meat and foods division of the department, whilst the inspection of houses in multiple occupation was transferred to the housing division.

The changes envisaged a more satisfactory use of experienced staff and the better distribution of different categories of work, since it has been shown that programmed work can best be dealt with by the specialist divisions. The planned and sustained work required for food hygiene in preparing premises, or the constant attention required for houses in multiple occupation does not lend itself to district inspection, where the district inspector is subjected to many day by day calls and changes. On the other hand the district inspector is well able to deal with such premises as retail shops where the need is for relatively short visits at irregular intervals, or visits to houses to deal with specific matters. The new arrangements have worked well although some adjustments may be necessary after another one or two years.

Offices, Shops and Railway Premises Act, 1963.

In February 1969 one of the authorised offices and shops inspectors left the department to work for another local authority. It was not possible to fill the post by advertisement but in June 1969 it was possible to transfer an officer from the Smoke and Factories Division to take over duties under the provisions of the Offices, Shops and Railway Premises Act by reason of the decrease in the smoke control programme.

During the year 2,193 visits were made by public health inspectors and authorised inspectors under the provisions of the Act.

1,500 shops and offices were shown as registered at the end of the year under the provisions of the Act, this being a decrease of 65 on the previous year. This decrease does not seem to be for any outstanding reason and it remains to be seen whether it is a trend or merely an annual fluctuation. Only employers employing persons outside the family circle, whose total working hours exceed 21 hours per week, are required to register and the number not covered by the Act is considerable since there are over 3,000 shop or food premises in the Borough.

There has been an increase in the number of general inspections of shops and offices from 536 for 1968 to 1,086 for 1969. This is probably a reflection of the increase in inspections by district public health inspectors of food premises which are also registered under the provisions of the Offices Shops and Railway Premises Act 1963.

The total number of visit of all kinds (including general inspections) to registered premises has increased from 1,880 to 2,193.

All plans submitted for new shops and offices or alterations to existing premises are scrutinised and this is found to be to the advantage of architects and owners in avoiding contraventions of the Act in new or altered premises.

It was necessary to institute six prosecutions during the year involving 39 contraventions of the Act or Regulations made under the Act. Fines and costs totalling £370 were imposed.

Thirty-six accidents (necessitating absence from work for more than three days) were reported during the year and investigations carried out where necessary. It was not found necessary in any case for legal proceedings to be taken but where necessary advice was given both to the employers and employees.

A street by street survey of the whole Borough was instituted towards the end of the year and it became apparent that there are still employers who have failed to register premises as required by the Act. In each case an opportunity was given to effect early registration. The position is to be reviewed when the survey is completed in 1970.

The prescribed particulars supplied to the Department of Employment and Productivity are as follows:—

Registration and General Inspections :

Class of premises	Number of premises registered during the year	Total number of registered premises at end of year	Number of registered premises receiving a general insp. during the year
Offices	34	331	214
Retail Shops	74	911	615
Wholesale shops, warehouses	5	52	52
Catering establishments open to the public, canteens	12	203	192
Fuel Storage Depots ...	—	3	1
Total ...	125	1,500	1,074
Number of visits of all kinds by inspectors to registered premises 2,193			

Analysis of Persons Employed in registered premises by workplace :

Class of workplace	Number of persons employed
Offices	3,028
Retail shops	4,945
Wholesale department, warehouses	711
Catering establishments open to the public ...	1,270
Canteens	78
Fuel Storage Depots	37
Total ...	10,069
Total Males ... 3,550	Total Females ... 6,519

Factories and Outworkers

The prescribed details of inspection are set out on page 50.

During the year 11 notifications from firms employing 152 outworkers were received and in all cases the private premises concerned were visited. No infringements of the Act were found.

The inspection of factory canteens is referred to under the heading "Food Hygiene" on page 66.

PART VIII OF THE ACT
OUTWORK — SECTIONS 132 AND 134

Nature of Works (1)	Section 133				Section 134		
	No. of out-workers in August list required by Section 133 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)	
Wearing Apparel	39	—	—	—	—	—	
Cleaning and washing ...	—	—	—	—	—	—	
Paper Bags (Box Making) ...	—	—	—	—	—	—	
Carding etc. of Buttons etc.	6	—	—	—	—	—	
Total ...	45	—	—	—	—	—	

Caravans

The control of residential caravans falls under the Caravan Sites and Control of Development Act, 1960 which is administered jointly with the Planning Committee. The position at the end of the year was:—

Licensed sites	...	...	...	9
Number of caravans	...	...	...	27
Number of inspections			...	88

Over 189 visits were made in respect of itinerant caravans stationed on private land. In one case proceedings were taken against the occupiers of caravans stationed on land adjoining Pouk Hill Quarry under the former provisions of the Walsall Corporation Act, 1930. Four cases were heard by the magistrates and fines of £3 10s. 0d. were imposed with costs in each case. In all cases the caravans had left the site before the Court hearing. In most other cases the itinerant caravans were stationed on Corporation land and were removed from the land by the Public Works Department, although in two cases where private land was involved the owner had to be required to take action to remove the caravans.

The powers of the Walsall Corporation Act, 1930 enabled proceedings to be taken against the occupiers of caravans for the illegal siting of caravans, as well as action against the site owner. The proposal to retain these powers and extend them to all parts of the Borough in the Parliamentary Bill was not allowed, and the powers are now completely repealed. The only powers left for the remainder of the year were those in the Caravan Sites and Control of Development Act, 1960 which permit action only against the owner of the site.

Disinfestation

It was reported last year that consideration was being given to the Public Works Department taking over the treatment of sewers for rodent infestation. Agreement was reached during the present year whereby the Public Works Department would combine this work of rodent control in sewers with their system of inspection and maintenance of sewers.

The arrangement was agreed following a work study project which showed that a considerable saving in money could be achieved with that continuity of treatment which had not been possible with the small disinfestation staff previously available.

The Health Department continues to be responsible with a reduced disinfestation staff for surface treatments for rodents, and deals with a further wide range of insect pests. The disinfestation staff of the department work in close co-operation with the staff of the Public Works Department to ensure that surface treatments and sewer treatments are co-ordinated.

789 inspections were made of houses or other property as the result of complaints of insect pests. The complaints covered a wide range of pests such as ants, wasps and spider beetles. Only a relatively small number of the complaints were of bed bug infestation, but each one of those cases was carefully investigated in an attempt to trace the history of infestation, although in many cases the evidence was inconclusive.

The practice was continued of inspection by disinfestation staff of the living accommodation of prospective or exchanging Council tenants. Where evidence of vermin was found the rehousing was deferred until satisfactory disinfestation was carried out.

In previous years the practice was to subject the furniture being removed to hydrogen cyanide fumigation in a special removal van. The practice was swift and effective leading to little delay. It was reported last year, however, that new Regulations had added to the difficulties of maintaining a fumigation service, and that in addition the replacement of the old fumigation van was necessary at considerable cost. In view of these circumstances and the marked reduction in bug infestations found it was decided to discontinue hydrogen cyanide fumigations and rely upon modern contact insecticides in common with the general practice now followed in the country.

There has been no evidence that the change has resulted in any transfer of infestations to Council property, but a close watch is being kept on the situation. Unfortunately the new procedure has led to delay in rehousing where bug infestations have been found since although the insecticides used are effective, it is considered best to give two treatments with a suitable time lag between each treatment.

About 3,600 inspections were made by disinfestation staff of dwellinghouses and furniture prior to removals, this being an increase on the figure of 2,900 for the previous year. Only seven cases of bug infestation were found. Although 94 cases of woodworm infestation were found not all these cases were active, but the affected furniture was still treated as a precaution.

The work of disinfection is shown in a summarised form below: —

	1969	1968
Complaints of rats and mice ...	2,050	1,900
Visits to deal with rats and mice ...	7,950	7,080
Premises treated for insect pests ...	790	700
Inspections prior to rehousing ...	3,600	2,900

PART II — HOUSING

Repair of Houses

During the year 681 houses were repaired as result of notices served by the district inspectors, as against the 583 houses repaired in the previous year. The types of works covered by these notices are those to abate conditions prejudicial to health or a nuisance or, in extreme cases, those necessary to make a house fit for human habitation.

It has been a serious deficiency of housing law that there has been no power available to take action in respect of disrepair until a health hazard has arisen. The need has been felt for a long time for a power to prevent houses falling into such a state. Such a power has now been given in Section 72 of the Housing Act, 1969.

This section states that a notice may be served even if a house is not unfit where the state of disrepair is such that substantial repairs are required to bring it up to a reasonable standard having regard to its age, character and locality.

The implementation of this section with the need for systematic survey of blocks of property and a detailed inspection of individual houses with preparation of specifications will entail a great deal of work.

Another improved repair provision given by the Housing Act 1969 is that when discretionary improvement grants are obtained a grant may also be obtained towards those repairs which are necessary to make the grant aided work "fully effective". The meaning of this phrase will need to be worked out in practical experience but it is already clear that repair works by themselves do not qualify for grant aid.

A further inducement to repair work is referred to below under the new provisions relating to qualification certificates.

Certificates of Disrepair

For many years since the Rent Act 1957 it has been open to a tenant of a house let at a controlled rent to apply for a certificate of disrepair which would have the effect of reducing the rent if the house should be certified as not being in the proper state of repair. After the first two or three years of the operation of the Act the number of applications fell to a very low figure and, in fact, during the current year no applications for certificates of disrepair have been received.

Qualification Certificates

Under the Housing Act 1969 a new power to increase rents of controlled tenancies has been given. Generally speaking controlled tenancies are those where the tenant has been in occupation since before 1957. The landlord may now apply for a qualification certificate where a house is considered to be fit for habitation, in good state of repair and provided with the basic amenities of an indoor watercloset, sink, bathroom and hot and cold water system.

Where the house does *not* possess the basic amenities, the landlord may at the present time apply for a Certificate of Provisional Approval on producing plans and proposals for the provision of the amenities and invariably such an application is accompanied by an application for an improvement grant towards the work involved.

In the case of houses *already* possessing the basic amenities, although application can be made at the present time for a qualification certificate, it has no effect upon the rent until some time after 1st January, 1971 according to the rateable value of the house.

The effect of the qualification certificate once granted is to convert a "controlled tenancy" to a "regulated tenancy" with a "fair rent" fixed by the Rent Officer which is introduced in stages.

It is too early at the time of preparing this report to say what effect the new powers will have upon application for improvement grants to provide the missing basic amenities or how many applications for qualification certificates will be received in respect of those houses already possessing the basic amenities.

Slum Clearance

The target of 500 houses per annum set out in the slum clearance programme was not achieved, a total of 407 being represented during the year in clearance areas and by individual action. This figure was also down on the previous year's total of 467. Many of the staff of the housing section were engaged during the year on a review of the slum clearance programme and although this had the effect on the overall total represented for clearance, the benefits should show

in the following years. It is hoped to make up the leeway in the course of the next year.

The number of houses in confirmed orders rose by 31st December, 1969 to 389 from 258 in the previous December and the overall total of houses in the pipeline was 940. These houses in the 'pipeline' refer to occupied houses which have been represented to the Health Committee and are at some stage between representations and rehousing. Most of the houses referred to above were contained in 43 clearance areas of varying sizes. Subsequent to representation of clearance areas, 38 orders were made and eight public inquiries were held. 21 orders were confirmed during the year and the Minister of Housing and Local Government found in all cases that the houses included in the orders had been properly included, but in two cases modified the orders by removing eight houses so that they could be dealt with under Part II of the Act by closing orders.

In all some 391 houses were vacated and 241 demolished.

In the slum clearance field certain changes have been made to the standard of unfitness as it was set out under Section 4 of the Housing Act, 1957 which has now been amended to include as an item of unfitness "internal bad arrangement". This refers to narrow, steep, winding staircases; absence of handrails; inadequate landings outside bedrooms and ill-defined changes in floor levels; bedrooms which are entered only from another bedroom; and also includes waterclosets opening directly from livingrooms or kitchens.

The clause requiring suitable food storage no longer applies.

An amendment to slum clearance compensation is that generally speaking owner/occupiers who have been in residence for two years or more receive supplementary compensation for the house up to the full market value in cases where clearance action was formally initiated after 23rd April, 1968 and where action has proceeded either by demolition, closing or demolition orders.

Clearance Areas

407 unfit houses were represented during the year for clearance in areas, individual closure or individual demolition. New Clearance Areas were represented involving a total of 361 houses as follows:—

The Walsall (Bloxwich Road No. 3) Clearance Area	
1969 	4 houses
The Walsall (Elmore Row) Clearance Area 1969 ...	4 „
The Walsall (Park Road, Bloxwich Nos. 1 and 2)	
Clearance Areas 1969 	9 „

The Walsall (Union Street, Willenhall) Clearance Area 1969	...	...	...	...	...	...	...	2	„
The Walsall (Franchise Street No. 1 Wednesbury) Clearance Area 1969	...	...	...	...	...	...	...	6	„
The Walsall (Pleck Road No. 1) Clearance Area 1969	...	...	...	...	...	...	...	11	„
The Walsall (Church Street, Darlaston Nos. 1, 2, 3) Clearance Areas 1969	...	...	...	...	...	...	...	8	„
The Walsall (Penkridge Street) Clearance Area 1969	...	...	...	...	...	...	...	7	„
The Walsall (Franchise Street, Wednesbury No 2) Clearance Area 1969	...	...	...	...	...	...	...	8	„
The Walsall (Mill Street) Clearance Area 1969	...	...	...	...	...	...	...	3	„
The Walsall (Hall Street, Willenhall) Clearance Area 1969	...	...	...	...	...	...	...	8	„
The Walsall (Farl Street, Wednesbury) Clearance Area 1969	...	...	...	...	...	...	...	16	„
The Walsall (Teddesley Street No 1) Clearance Area 1969	...	...	...	...	...	...	...	4	„
The Walsall (High Street, Bloxwich Nos. 1 and 2) Clearance Areas 1969	...	...	...	...	...	...	...	30	„
The Walsall (Moxley Road, Darlaston Nos. 1 and 2) Clearance Areas 1969	...	...	...	...	...	...	...	12	„
The Walsall (Rowland Street) Clearance Area 1969	...	...	...	...	...	...	...	14	„
The Walsall (Harden Road) Clearance Area 1969	...	...	...	...	...	...	...	6	„
The Walsall (Bloxwich Road No 2) Clearance Area 1969	...	...	...	...	...	...	...	3	„
The Walsall (Pleck Road No. 2) Clearance Area 1969	...	...	...	...	...	...	...	17	„
The Walsall (Wolverhampton Street) Clearance Area 1969	...	...	...	...	...	...	...	3	„
The Walsall (The Green, Darlaston No. 2) Clearance Area 1969	...	...	...	...	...	...	...	12	„
The Walsall (Frederick Street) Clearance Area 1969	...	...	...	...	...	...	...	19	„
The Walsall (Lichfield Street) Clearance Area 1969	...	...	...	...	...	...	...	2	„
The Walsall (Bath Street) Clearance Area 1969	...	...	...	...	...	...	...	4	„
The Walsall (Campbell Place, Darlaston) Clearance Area 1969	...	...	...	...	...	...	...	2	„
The Walsall (Victoria Avenue, Bloxwich) Clearance Area 1969	...	...	...	...	...	...	...	10	„
The Walsall (Queen Street Nos. 1 and 2) Clearance Areas 1969	...	...	...	...	...	...	...	52	„
The Walsall (Fallings Heath, Wednesbury Nos. 1 to 10) Clearance Areas 1969	...	...	...	...	...	...	...	85	„

Orders Made

The following orders were approved by the Council on the dates given:—

The Walsall (Butts Road) Compulsory Purchase Order 1969 17.3.69	14	houses
The Walsall (Moat Road) Compulsory Purchase Order 1969 17.2.69	11	„
The Walsall (Smith Street, Darlaston) C.P.O. 1969 17.2.69	33	„
The Walsall (Carless Street) Compulsory Purchase Order 1969 17.2.69	16	„
The Walsall (Carless Street) Clearance Order 1969 17.2.69	9	„
The Walsall (Ford Street) Clearance Order 1969 17.2.69	9	„
The Walsall (Whitton Street, Darlaston) C.P.O. 1969 17.2.69	4	„
The Walsall (Doctors Piece, Willenhall) Clearance Order 1969 17.2.69	14	„
The Walsall (Cobden Street) Clearance Order 1969 17.2.69	30	„
The Walsall (Wisemore) Compulsory Purchase Order 1969 17.2.69	8	„
The Walsall (The Green, Darlaston) Clearance Order 1969 17.2.69	5	„
The Walsall (Birchills) Compulsory Purchase Order 21.5.69	141	„
The Walsall (Birchills) Clearance Order 1969 21.5.69	10	„
The Walsall (Bloxwich Road No. 3) Clearance Order 1969 14.4.69	4	„
The Walsall (Elmore Row) Clearance Order 1969 14.4.69	4	„
The Walsall (Ward Street) Clearance Order 1969 17.3.69	21	„
The Walsall (Park Road, Bloxwich) Clearance Order 1969 23.6.69	9	„
The Walsall (Union Street, Willenhall) Clearance Order 1969 23.6.69	2	„
The Walsall (Franchise Street, Wednesbury) Clearance Order 1969 23.6.69	6	„

The Walsall (Pleck Road) Compulsory Purchase Order 1969	...	...	...	...	...	22.9.69	11	„
The Walsall (Church Street, Darlaston) Clearance Order 1969	...	...	...	...	...	22.9.69	8	„
The Walsall (Penkridge Street) Compulsory Purchase Order 1969	...	...	...	...	...	22.9.69	7	„
The Walsall (Franchise Street, Wednesbury No. 2) Clearance Order 1969	...	...	...	...	...	22.9.69	8	„
The Walsall (Mill Street) Clearance Order 1969						22.9.69	3	„
The Walsall (Hall Street, Willenhall) Clearance Order 1969	...	...	...	...	...	22.9.69	8	„
The Walsall (Farl Street, Wednesbury) Clearance Order 1969	...	...	...	...	...	22.9.69	16	„
The Walsall (Teddesley Street) Compulsory Purchase Order 1969	...	...	...	...	...	22.9.69	4	„
The Walsall (Moxley Road, Darlaston) Clearance Order 1969	...	...	...	...	...	8.12.69	9	„
The Walsall (Moxley Road, Darlaston) C.P.O. 1969						8.12.69	3	„
The Walsall (Rowland Street) Clearance Order 1969						22.9.69	14	„
The Walsall (Harden Road) Compulsory Purchase Order 1969	...	...	...	...	...	22.9.69	6	„
The Walsall (Pleck Road No. 2) C.P.O. 1969						8.12.69	17	„
The Walsall (The Green, Darlaston No. 2) C.P.O. 1969	...	...	...	...	...	8.12.69	12	„
The Walsall (Wolverhampton Street) Clearance Order 1969	...	...	...	...	...	8.12.69	3	„
The Walsall (Frederick Street) Clearance Order 1969						8.12.69	19	„
The Walsall (Lichfield Street) C.P.O. 1969						8.12.69	2	„
The Walsall (Bath Street) Clearance Order 1969						8.12.69	4	„
The Walsall (Campbell Place, Darlaston) C.P.O. 1969						8.12.69	2	„

Public Inquiries

The undermentioned compulsory purchase orders and clearance orders were the subject of Public Inquiries as follows:—

The Walsall (Alma Street, Willenhall) Clearance Order		
1968 	11.2.69	125 houses

The Walsall (Albion Street, Willenhall) C.P.O. 1968		
	11.2.69	61 ,,

H. C. Harris, Esq., F.R.I.C.S., M.R.S.H., Ministry of Housing and Local Government Inspector, conducted the Public Inquiry into the above Orders on 11th February 1969.

The Walsall (Kings Hill, Wednesbury) Clearance Order		
1968 	11.3.69	3 ,,

The Walsall (Kings Hill) Wednesbury No. 2) Clearance Order 1968		
... 	11.3.69	84 ,,

J. Beetham Shaw Esq., O.B.E., D.L., J.P., F.R.I.B.A., Ministry of Housing and Local Government Inspector, conducted the Public Inquiry into the above Orders on 11th March 1969.

The Walsall (Carless Street) Compulsory Purchase Order 1969		
... 	19.8.69	16 ,,

The Walsall (Carless Street) Clearance Order 1969		
	19.8.69	9 ,,

B. R. Matthew, Esq., L.R.I.B.A., Ministry of Housing and Local Government Inspector, conducted the Public Inquiry into the above Orders on 19th August 1969.

The Walsall (Butts Road) Compulsory Purchase Order 1969		
... 	14.10.69	14 ,,

M. J. Wilson, Esq., A.R.I.C.S., Ministry of Housing and Local Government Inspector, conducted the Public Inquiry into the above Order on 14th October, 1969.

The Walsall (Smith Street, Darlaston) Compulsory Purchase Order 1969		
... 	11.11.69	33 ,,

B. R. Matthew, Esq., L.R.I.B.A., Ministry of Housing and Local Government Inspector, conducted the Public Inquiry into the above Order on 11th November, 1969.

Confirmation of Orders

The following orders were confirmed by the Minister of Housing and Local Government without modification on the dates given:—

The Walsall (Clemson Street, Willenhall) Clearance Order 1968	...	...	...	...	7.1.69	15 houses
The Walsall (Booth Street, Darlaston) Clearance Order 1968	...	...	...	...	7.1.69	6 „
The Walsall (Reeves Street, Bloxwich) Clearance Order 1968	...	...	...	...	9.1.69	4 „
The Walsall (Perry Street, Darlaston) Clearance Order 1968	...	...	...	...	9.1.69	16 „
The Walsall (Bloxwich Road) Compulsory Purchase Order 1968	...	...	...	...	26.3.69	16 „
The Walsall (Moat Road) Clearance Order 1969	15.5.69					11 „
The Walsall (Whitton Street, Darlaston) Compulsory Purchase Order 1969	...	...	...		3.6.69	4 „
The Walsall (Ward Street) Clearance Order 1969	3.6.69					21 „
The Walsall (Cobden Street) Clearance Order 1969	10.7.69					30 „
The Walsall (The Green, Darlaston) Clearance Order 1969	...	...	...	...	10.7.69	5 „
The Walsall (Ford Street) Clearance Order 1969	11.7.69					9 „
The Walsall (Doctors Piece, Willenhall) Clearance Order 1969	...	...	...	...	9.7.69	14 „
The Walsall (Bloxwich Road) Clearance Order 1969	21.8.69					4 „
The Walsall (Elmore Row) Clearance Order 1969	21.8.69					4 „
The Walsall (Carless Street) Clearance Order 1969	26.9.69					9 „
The Walsall (Carless Street) Compulsory Purchase Order 1969	...	...	...	...	3.10.69	16 „
The Walsall (Wisemore) Compulsory Purchase Order 1969	...	...	...	...	21.10.69	8 „
The Walsall (Butts Road) Compulsory Purchase Order 1969	...	...	...	...	15.12.69	14 „
The Walsall (Smith Street, Darlaston) Compulsory Purchase Order 1969	...	...	...		29.12.69	33 „

The following orders were confirmed by the Minister of Housing and Local Government with modification on the dates given:—

The Walsall (Albion Street, Willenhall) Compulsory Purchase Order 1968 24.4.69

This order was confirmed with modification that No. 1 Albion Street, Willenhall be excluded from the Order.

The Walsall (Alma Street, Willenhall) Clearance Order 1968 24.4.69

This Order was confirmed with modification that Nos. 91, 92, 93, Newhall Street and Nos. 58, 59, 60, 61, Alma Street, Willenhall, be excluded from the Clearance Order.

Summary of Action in respect of Unfit Houses.

Represented as Unfit						
In Clearance Areas	...	...	...	...	...	363
Individually—Private	...	...	...	...	...	44
Council owned	...	...	...	...	...	Nil
Confirmed as Unfit						
In Clearance Areas	...	...	...	...	...	515
Individually and Council owned	...	...	...	...	...	44
Vacated and Demolished						
Houses vacated	...	...	...	...	...	391
Families rehoused	...	...	...	...	...	391
Houses demolished	...	...	...	...	...	241
Balance as at :-				1st Jan., 1969	31st Dec., 1969	
Occupied houses represented in previous year(s) as unfit awaiting confirmation ...				694	551	
Occupied houses confirmed in previous year(s) awaiting vacation and demolition				258	389	
Total				952	940	

The progressive total of houses dealt with since 1930 under the slum clearance programme is summarised as follows:—

Houses represented as unfit	7,186
Approximate number of persons displaced ...	26,300

New Houses.

During 1969 new dwellings in Walsall were provided by the following undertakers:—

Walsall Corporation ...	783
Private Persons	294

Improvement of Houses.

An important addition to housing legislation was made in the second half of the year. The Housing Act, 1969 became operative on 25th August, 1969 and related to the improvement and repair of houses; area improvement; rent of dwellinghouses in good repair and provided with standard amenities; houses in multiple occupation; and slum clearance.

Reference has already been made to one important clause relating to improvement and repair where those items of repair which are necessary to make the improvement fully effective can now themselves qualify for a grant.

Improvement grants remain very much as in the past with the exception that a grant can be made towards the provision of a sink whilst that which previously could have been made for a food store has been removed. The amount of grant payable has been increased in the case of discretionary grants to £1,000 or in certain cases to £1,200 and in the case of standard grants from £155 to £200 or £450 where structural alterations take place.

Greater discretion is given to the local authority to give grants on property expected to have a "life" of less than previously allowed. Grants are also now available for the improvement of conditions in houses in multiple occupation.

The question of area improvement has undergone a complete change. Whereas previously the improvement of individual houses in designated improvement areas could be improved by enforcement and if necessary work carried out in default, any such improvement

can now only be undertaken by negotiation and agreement with the owners. Improvement Areas in the future are to be known as General Improvement Areas and the Government envisage that houses in these areas will not only be improved individually but the whole area will be improved environmentally by the improvement of street furniture, tree planting, creation of play areas and similar works. For this purpose a grant of £50 is available to the local authority for every house included in the area.

The former improvement area provisions of the Housing Act 1964 are now completely repealed although any action taken under that Act remains effective. The Health Committee put a great deal of work into trying to make the improvement area provisions of the 1964 Act work effectively, over 1,000 houses being included in such areas. It has to be admitted that the practical achievements in the improvement of houses have been disappointing in relation to the work and time involved.

It is apparently because this experience has been repeated up and down the country that the provisions of the 1964 Act have been repealed and completely replaced with those of the 1969 Act relating to General Improvement Areas.

Since the new 1969 Act provisions rely almost entirely upon publicity and persuasion it is difficult to see how they will be more effective than the old 1964 Act provisions with their compulsory powers. An improvement and streamlining of the procedure under the 1964 Act would have seemed to have been a better course to have taken.

The powers under the 1964 Act under which tenants can request the local authority to enforce the improvement of their houses have not been repealed and continue to be used quite extensively, as the accompanying tables show.

A survey of the town is at present being carried out to identify all the improveable houses which lack basic amenities and appropriate literature is to be delivered to each householder or landlord inviting improvement of the houses.

A new booklet on the improvement of houses is in course of preparation. The booklet previously prepared within the department was well received and, in fact, some of the photographs used have been used by the Ministry of Housing and Local Government in national propaganda encouraging the improvement of houses.

The position at the end of the year in respect of applications for grants from all sources including Improvement Areas and Tenants applications was:—

Total number of enquiries received ...	435
Applications approved during 1969—	
Discretionary grants	133
Standard grants	126
Amounts of grant aid	£58,031 17s. 8d.
Applications approved prior to 1969—	
Number of grants	2,519
Amount of grant aid	£403,386 0s. 0d.

Improvement Areas

The position at the end of the year was:—

Preliminary Notices served ...	133
Improvement Notices served—	
Immediate	86
Suspended	51
Improvement Works completed ...	28

Tenants Applications

The position in respect of requests by tenants for the Council to enforce the improvement of their houses is as follows:—

No. of enquiries received during 1969	104
No. of representations made and owners notified ...	84
No. of preliminary notices served	64
No. of Improvement Notices served	36
Improvement works completed	20
Total enquiries received before 1969	253

Houses in Multiple Occupation

Early in the year a comprehensive survey was carried out to ascertain the number of houses in multiple occupation in the borough. It was discovered that just over 500 houses were so occupied, that is 0·86 per cent of the dwellings in the town. The total compares favourably with estimates made in previous years and indicates that

the number of houses in multiple occupation is not increasing. A list of all known houses in multiple occupation was forwarded to the Chief Fire Officer.

A public health inspector and a technical assistant have been engaged principally on the inspection of houses in multiple occupation and 130 Directions have been given to prevent or reduce overcrowding. Three owners were successfully prosecuted for contravention of Directions. Seven Notices were served requiring the execution of works to render premises reasonably suitable for multiple occupation, all during the early part of the year, but enforcement was deferred to enable the position to be further examined in the light of grants which might be available after the coming into operation of the Housing Act, 1969. The Act came into force on 25th August and empowered local authorities to pay special grants in respect of houses in multiple occupation and approaches were being made to the owners concerned towards the end of the year.

Notices of the Council's intention to make a Management Order were served in respect of two houses but no further action was taken as an immediate improvement in the standards of management resulted. One Management Order was revoked.

Difficulty was often experienced in gaining access to houses and in obtaining information as many immigrants from India and Pakistan have little command of the English language. Where necessary visits have been made during the evenings and at weekends. Pamphlets are now available setting out the principal points of the relevant legislation in the four main languages and are of some help.

In the course of the year the decision was taken by the Council to use the new powers contained in the Housing Act, 1969 to introduce a scheme of registration for houses in multiple occupation. Such a scheme will grant registration as of right to existing houses in multiple occupation but any houses coming newly into such occupation will be subject to requirements concerning the number of occupants and the facilities to be provided, with a power to refuse registration in unsuitable circumstances.

Number of Directions given to prevent or reduce overcrowding	...	...	...	...	...	...	130
Number of Notices served requiring the execution of works to render premises reasonably suitable for multiple occupation	...	...	...	...	...	...	7
Number of cases where legal proceedings taken	...						3
Number of visits made	...	...	...	...	...	...	2,055

Salvation Army Hostel

The Salvation Army Hostel in Goodall Street comprises two groups of buildings. The main building is owned by the Salvation Army and the annexe at the rear is leased to the Army by the Corporation.

Accommodation is available for 180 males, 104 sleeping in dormitories and the remainder occupying individual cubicles.

Those cases of verminous bedding or clothing which have occurred from time to time, as in previous years, have been disinfested by the Health Department.

There is need for a new boiler and heating system and estimates of the cost of the works have been obtained. The Corporation has been asked to make a contribution towards the cost and this is currently under consideration.

PART III — FOOD

Food Hygiene

In the early part of the year with the reorganisation of staff referred to previously, the work relating to food preparing premises was transferred from the district division to the meat and foods division. All the premises transferred have been visited, some several times, and recommendations have been made. In the main the work required has been carried out and in the remaining cases the work is in hand. There has been an improvement in standards in most of the premises subjected to regular inspection. The response from the trade to the increased programme of inspection has been good and officers of the department have been asked to give talks and demonstrations to members of the staff.

In addition to the special inspections of the food division, increased attention has been given by the district inspectors to retail outlets and to factory canteens by the inspectors of the smoke and factories division. Although there was a satisfactory increase in the total number of inspections from 2,366 for the preceding year the figure still falls below the desirable standard having regard to the need for frequent inspection of certain types of food premises. It is hoped to increase the time given to food hygiene work.

The total number of inspections made with the number of premises involved is set out below:—

Number of food premises				
Mixed food shops	...	...	...	401
Groceries and Provisions	...	...	...	187
Cafes and Restaurants	...	...	...	66
Butchers	...	...	...	166
Canteens	...	...	...	121
Fishmongers and Poulterers	...	...	...	8
Bakers and Confectioners	...	...	...	47
Sweets etc.	...	...	...	151
Greengrocers and Fruiterers	...	...	...	90
Fish and Chips	...	...	...	78
Food Factories	...	...	...	9
Public houses and licensed premises	...	...	...	394
Dairies	...	...	...	3
Food stalls	...	...	...	65
Total				1,786
Number of inspections	...	...	...	4,036

Markets

Progress has been made this year in that the new design market stalls have been put into use for those food traders selling foodstuffs—other than fruit and vegetables. The new stalls have dismountable tubular metal frames and a striped plastic awning, with metal faced counter top, and are a marked improvement on the former wooden framed erections with tarpaulin covers.

All three markets now have improved washing and sanitary facilities within the vicinity of the food stalls. In the case of the Walsall market much improved facilities will become available with the erection of the multi-storey car park and market traders accommodation.

Difficulties arose with the storage of the new stalls but suitable facilities were eventually found at Bloxwich and Willenhall, whilst in Walsall special trailers have been provided to transport the stalls from the North Walsall Depot from and to the market. The trailers will be transferred to the new market traders accommodation when built.

Delivery vehicles

This work continues at a steady pace, standards having not only been maintained but improved. In general mobile shops are satisfactory and the trend is to bigger and better vehicles. Many vehicles being scrapped are being replaced with purpose made vehicles and the era of the old converted bus is passing. The trade has accepted the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966 and it is noticeable that more traders are presenting vehicles for inspection and prior approval by the department before use. It was unfortunately necessary to institute legal proceedings in two cases.

Delivery vehicles generally present little problem except for that arising from their large numbers and extreme mobility. Most of the Regulations do not apply to these vehicles by definition, with the exception of the bread and confectionery trades.

The present number of vehicles known to be operating in the Borough is as follows:—

Vehicles selling open food	...	...	...	...	89
Vehicles selling no open food but fruit and vegetables					48
Vehicles selling no open food	...	...	...	...	182
Retail bread delivery vehicles	...	...	...	...	406
Wholesale food delivery vehicles	...	...	...	...	444
				Total	1,169*
Number of inspections	...	...	...	...	1,097

* Excludes retail shop delivery vehicles.

The provisions of the Walsall Corporation Act, 1939 required the registration of certain food hawkers and their premises. A similar power was contained in the Willenhall Urban District Council Act, 1939. These provisions applied only within the old boundaries and were due to expire in 1970 under the provisions of the West Midlands Order 1965 which brought about extension of the boundaries. Steps were taken to include a similar but somewhat more extensive provision in the Walsall Corporation Bill placed before Parliament during the 1969 session. The clause was disallowed on the grounds that the position is now adequately covered by the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966. These Regulations do not make any provision for registration of hawkers or their premises and to this extent the degree of control of mobile traders is lessened.

Meat Inspection

The staff engaged on meat inspection was brought up to full strength by the appointment of a further authorised officer. Meat inspection was carried out at the three slaughterhouses in the Borough, giving 100 per cent coverage throughout the year. One slaughterhouse changed hands during the year and increased its throughput substantially. Details of animals slaughtered and inspected are shown in the following table:—

Number of animals killed and inspected					1969	1968
Cattle (excluding cows)	...				9,651	11,026
Cows	...	...	...	...	278	278
Calves and goats	...	...			268	58
Sheep	...	...	...	...	60,263	61,218
Pigs	...	...	...	...	30,604	26,287
Total					101,064	99,267

Tuberculosis

This disease has now become almost extinct and the very low incidence in cattle has remained the same as last year while that in pigs has fallen again. 20 reactors were slaughtered under the provisions of the Tuberculosis Eradication Scheme but did not necessarily show evidence of infection on post-mortem examination.

Number affected with tuberculosis					% of the number inspected	
					1969	1968
Cattle	...	...	5		0.059	.05
Pigs	...	...	129		0.44	.84

Cysticercosis

This condition of the cystic stage of tapeworms is ever present but numbers in cattle have declined sharply against last year. The less dangerous cysts in sheep continue to fluctuate, as shown in the table.

Number affected with cysticercosis				% of the number inspected	
				1969	1968
Cattle	...	...	16	0.19	0.41
Sheep	...	...	200	0.68	0.46

Casualties and Emergency Slaughter

135 animals fell into this category and 89 cases required condemnation in whole or part.

Diseases of Animals

No outbreaks of notifiable disease occurred during the year. Activity was confined to routine supervision and inspection of premises.

Unsound Food

Almost ten tons of unsound food was dealt with by voluntary surrender by the trade, and disposed of to prevent human consumption. A sizeable proportion of this food became unsound because of failure of large refrigeration units in supermarkets out of hours.

Foods of Unsatisfactory Quality

The number of complaints dealt with was 92 and these were as varied as ever. Bread and milk continue to be the most frequently involved foods and foreign objects still continue to be the cause of many complaints.

Legal proceedings were commenced in seven cases and formal warning letters sent in twelve further cases. The remaining cases were dealt with by advice or informal warnings according to the circumstances of the case.

Milk and Cream

380 samples were taken during the year. Apart from two small batches of bottled milk which failed on the keeping quality test, all the samples were satisfactory. In the case of the unsatisfactory samples no explanation could be found for the failures and repeat samples were satisfactory. Newly washed milk bottles were taken from the dairy bottle washing machines at frequent intervals and showed a continuing high standard of cleanliness.

Ice Cream

Twelve samples were taken for chemical and bacteriological examination and except in the case of one sample proved satisfactory. Advice and assistance was given to the vendor in the case of the unsatisfactory sample. Most ice cream is of the prepacked variety of national brands of a consistently high standard, but there is a growing tendency to sell soft ice cream from open packs and it is intended to increase the amounts of sampling in the forthcoming year to cover these developments.

Water supplies

Most of the routine sampling of mains water supplies is carried out by the water undertakings but, in addition, 25 samples were taken by the department to check bacteriological or chemical purity. All these samples proved satisfactory.

Two private borehole supplies in the town were also sampled at frequent intervals with 100 samples taken during the course of the year. Of these samples six proved unsatisfactory although not showing any immediate public health hazard. In each case there was an investigation of the cause followed by close supervision and repeat samples, until satisfactory samples were again obtained.

Other Food and Drugs

383 samples of foodstuffs or drugs were purchased or taken for analysis by the Public Analyst to check for adulteration, contamination, extraction or misleading labelling. In two cases imported foodstuffs were found to contain a colouring matter not permitted in this country and the matter was taken up with the Embassy concerned. In two other cases samples of a "Ready Meal" containing chicken and shrimps were found to be deficient under labelling Regulations. The labels were on old stock and were being withdrawn by the manufacturers at the time the matter was brought to their notice. In a further two cases involving canned fruit and a can of kidney risotto minor labelling offences were found and steps were taken by the manufacturers to remedy the labels.

In no case were statutory proceedings considered necessary.

Other sampling

The following three items are included in this part of the Report since they are carried out with the general sampling activities of the meat and foods division:—

SWIMMING BATHS.

Sampling of all swimming bath waters is carried out as a general routine. Some samples were found to fall below the accepted high standards where difficulty was being experienced in maintaining a sufficiently high chlorine level, which was at the same time acceptable to bathers. Several test samples were being taken towards the end of the year to find a suitable level of chlorination and the matter was being investigated with the chlorine plant manufacturers.

FERTILIZERS AND FEEDINGSTUFFS ACT.

There are no manufacturers of these materials in the Borough and the majority of fertilizers and feedingstuffs on sale today are proprietary prepacked goods. Sampling has been maintained at a reduced level to meet these circumstances, seven samples having been obtained and found satisfactory. Supervision of premises to ascertain correct making and display has been continued.

RAG FLOCK AND OTHER FILLING MATERIALS ACT.

No samples were obtained of these materials, the trade as a whole having turned to materials outside the scope of the Act. In the few cases where traditional materials were used they were found to be certified as being of British Standard Specification for quality and purity.

PART IV — AIR POLLUTION AND NOISE CONTROL

Air Pollution

The department has available information spread over many years of the amount of pollution in the air from the two principal pollutants—smoke and sulphur dioxide, the pollution being measured daily at seven sites throughout the Borough. Each of the seven sites has been carefully chosen in conjunction with the Warren Springs Laboratory of the Ministry of Technology to give as representative picture of the Borough as possible, and the readings from the gauges form part of a national survey.

The gauges consist of a small electric pump which sucks air into the apparatus at the rate of about 50 cubic feet of air per day. The air is drawn through a white filter paper on which it leaves a dirty stain arising from the fine soot particles and other dirt in the

air; the air is then bubbled through a solution of hydrogen peroxide which removes sulphur impurities. The filter papers are placed in a scanning machine which measures the darkness of the dirt stain, and the solution in the bottles is measured chemically to indicate how much sulphur has been dissolved from the air. Smoke caught in the dirty stain and sulphur in the solution are then expressed in so many microgrammes per cubic metre of air.

It is inadvisable to draw conclusions from one year's figures since these can be affected so much, by the weather, or particular local circumstances, or a defect in a gauge, but the figures in the Table below show a continuation of the general decrease over the past few years, the figures for the preceding year being shown in brackets for comparison purposes:—

Site	Classification	Smoke	Sulphur Dioxide
1. Town Centre	... ..	85 (94)	190 (203)
2. Pleck	Industrial	56 (78)	176 (175)
3. Palfrey	High Density Residential	64 (78)	132 (140)
4. Beechdale	Low Density Residential	77 (81)	147 (134)
5. Brookhouse	Low Density Residential (Smoke Control Area)	33 (39)	* (63)
6. Darlaston	Town Centre	56 (97)	76 (114)
7. Bentley	Low Density Residential	64 (83)	88 (77)

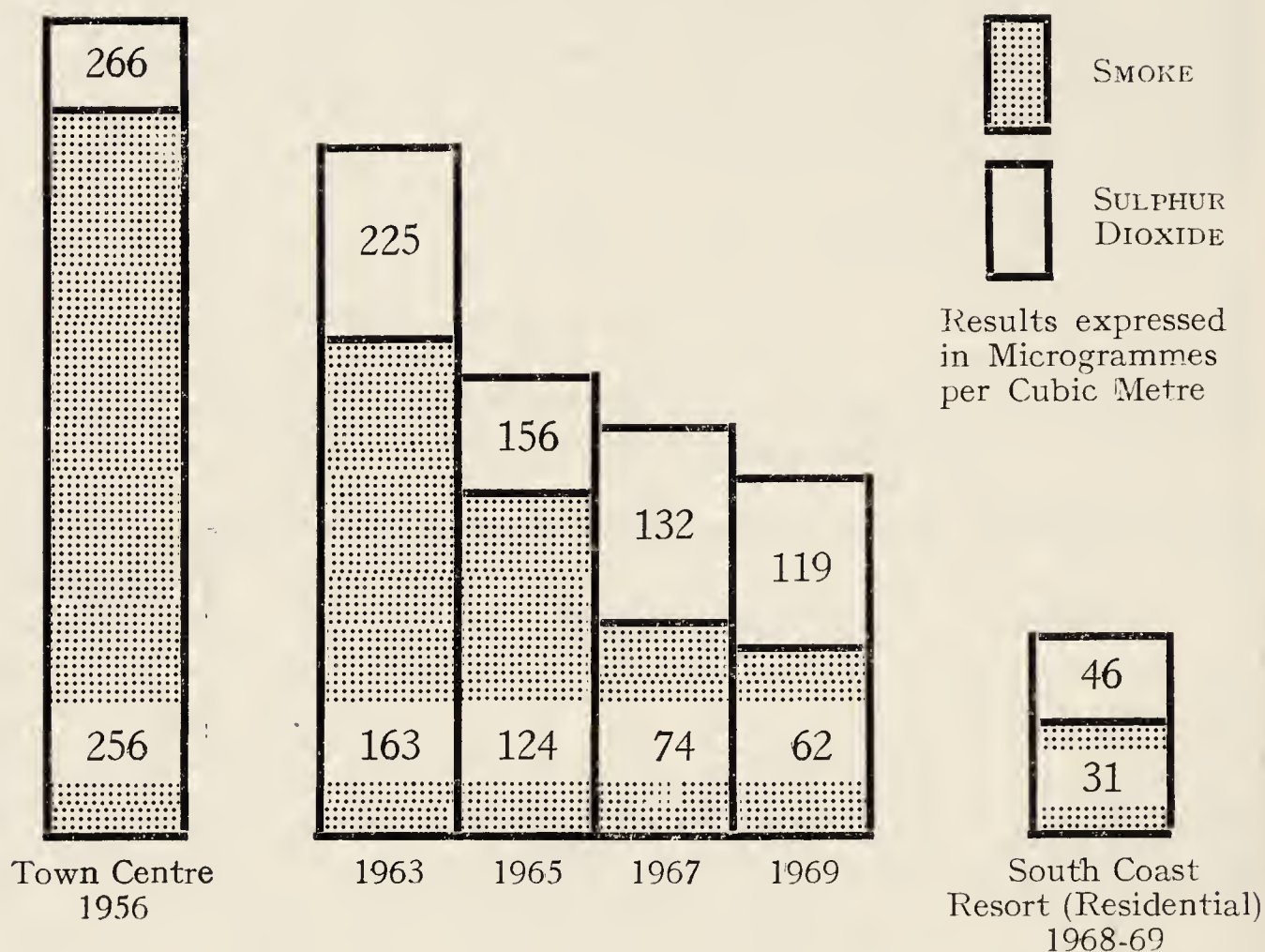
* Figure not available

The readings of sulphur dioxide from the Brookhouse gauge are omitted from the table because of damage to the gauge, which affected the readings. This is unfortunate since the figures promised to indicate a low reading following the coming into operation of the large (No. 12) (Paddock) Smoke Control Area early in the year. The figures for smoke pollution which were not affected by the damage to the gauge indicate a further decrease on the low figure already registered for the previous year. The gauge has for many years operated in the small No. 3 (Brookhouse) Smoke Control Area, which is now surrounded by the much larger No. 12 (Paddock) Area, so that the figures of reduction in pollution are not so marked as might otherwise be the case.

A comparison of the yearly averages for the whole town over the past few years is shown in the diagram below. For comparison purposes the average figure for the town centre some thirteen years ago is shown with a typical figure for a seaside resort.

WALSALL COUNTY BOROUGH

ATMOSPHERIC POLLUTION

**Domestic Smoke Control**

During the year the No. 12 (Paddock) and No. 13 (Palfrey) Smoke Control Orders came into operation. The No. 12 (Paddock) Area comprised some 868 acres, and over 2,500 dwellings, and became operative on the 1st March 1969, while the No. 13 (Palfrey) Area, which was also an Improvement Area, comprised 15.6 acres and 363 dwellings, and became operative on 1st September 1969.

A survey of the proposed Delves Area covering some 2,000 premises was completed in the Spring, but owing to the financial situation, and later the national shortage of solid fuel, the making of the necessary Smoke Control Order was deferred. The position is to be reviewed in the later part of 1970. It is unfortunate that after all the years of smoke control the solid fuel industry should not be in a position to meet the demands made for solid smokeless fuel, and that this should impede the whole clean air programme. It is perhaps particularly unfortunate that solid smokeless fuels should play such a major part in determining the domestic smoke control programme, when in fact solid smokeless fuel plays the minor part in grant aided conversions in smoke control areas.

Only some 30 per cent of the householders applying for grant so far have installed solid fuel appliances, whilst just over 60 per cent instal gas fires. With the continuing difficulties associated with solid smokeless fuels, the swing to alternative fuel may continue and contribute towards the solution of solid fuel shortages. Despite the publicity concerning solid fuel shortages it must be stated that the department has received very few direct complaints from the public.

There is a continuous improvement in the atmosphere as many house-holders turn to gas or electricity or install central heating systems of their own choice and new Council dwellings fitted with gas or electric heating systems replace unfit houses fitted with old coal burning grates.

Industry and Commerce

All new plans or proposals for industrial or commercial buildings and plant are examined within the department in conjunction with the Borough Engineer and Surveyor's Department. Any proposals which could give rise to complaints of noise, vibration or air pollution are examined particularly closely and recommendations are made, since experience has shown the great difficulty of dealing with nuisances from industrial plant once established in close proximity to dwellinghouses.

The measures taken in respect of industry and commerce during the year are shown summarised in the following Table. In one case legal proceedings were instituted under the new provisions of the Clean Air Act, 1968 arising from the creation of dark smoke from the burning of a car body in the open air.

Proposals for new plant and buildings examined	...	344
Recommendations to mitigate dust, grit, fume, noise or vibration	... ..	35
Recommendations in respect of chimney height	...	21
Statutory notifications of new Boiler Plant and Furnaces:—		
Oil fired	... ..	24
Gas fired	... ..	8
Electric	... ..	1
Observations of industrial and commercial chimneys		1,724
Infringements noted	... ..	30

Cupolas—Grit and Fume Emission

In last year's Annual Report reference was made to the delay in the publication of a Report on Emissions from Cold Blast Cupolas at Iron Foundries, with recommended standards for grit arrestment and fume dispersal. The early publication of the Report was of particular concern to Walsall, with its heavy concentration of cupolas, many in close proximity to houses and schools. It was pointed out that delay in publication of the Report was hindering the taking of long term measures to suppress grit emissions or improve fume dispersal.

A question seeking to expedite the publication of the Report was put down to a Conference dealing with the measurement of pollution and an assurance was given by the Ministry of Housing and Local Government that the Report would be published in late 1968. The Report was, in fact, published in January 1969.

Upon publication of the Report a survey of the ironfoundries in the Borough was carried out and 72 cupolas were examined. A circular letter was sent towards the end of the year to many firms concerned, requesting the fitting of dry grit arresters, or wet grit arresters, according to the size and situation of the cupolas. In some cases an increase in cupola height was also requested where complaints of fume emission were considered justifiable.

NOISE CONTROL

The Noise Abatement Act, 1960 is the only piece of legislation available to the department for the control of noise. The title of the Act is prone to give the impression of stronger powers than is actually the case. The Act is essentially an extension of the Public Health Act, 1936 with its lengthy procedure for the service of Abatement Notices and court Nuisance Orders. Apart from the length of the procedure the Act employs, it carries with it two difficulties arising from the "best practicable means" defence and the lack of realistic legal standards.

"Best practicable means"

The "best practicable means" is a phrase which is found with variations in legislation covering nuisances from smoke, fume, grit accumulations, noise and vibration. It is a phrase which is well known to public health officers and which soon becomes all too familiar to complainants when explanations have to be given for apparent failure to take immediate steps to remove a nuisance.

The phrase says in effect that regard must be had to "local conditions and circumstances"; to the financial implications"; and the "current state of technical knowledge". Unless the department

can show to a court of law that a firm has failed to follow recommendations which are technically possible and likely to cure the nuisance with installation and running costs which are reasonable, there is little hope of successful legal proceedings.

This is small consolation to the complainant who is naturally far more concerned about "local conditions and circumstances" than arguments about "financial implications" and "technical knowledge" but it is nevertheless the hard fact of the "best practicable means" which the department has to recognise.

Sometimes the "financial implications" are not the major obstacle since many firms wish to live in harmony with their neighbours and are willing to spend money if a solution can be found, although not all firms can afford to experiment in finding a solution and a guaranteed solution cannot always be provided in advance. The "current state of technical knowledge" therefore looms large in many discussions and this is particularly true in regard to complaints of noise and vibration, where practical knowledge has only begun to accumulate in recent years.

It must be acknowledged that, with complaints of noise and vibration, many of the larger industrial organisations are playing their part in increasing the pool of accumulated practical knowledge. With their ability to employ their own technical staff or research organisations or outside consultants, they can experiment in co-operation with the department until a practical solution is found. Unfortunately, such an approach, although realistic, is time-consuming and difficult for the complainant to accept, when affected day by day by an unacceptable nuisance.

The "best practicable means" defence has a long history and its purpose can be seen, but it is debatable whether it should be as freely available for new plant, or new factories, or new practices, as for long established plant, factories and practices.

Legal Standards

The lack of firm realistic standards is a further hindrance to the abatement of nuisances. There are no legal standards for noise and vibration although frequent reference is made to the British Standard 4142 "Method of Rating Industrial Noise affecting Mixed Residential and Industrial Areas." This standard has proved to have limitations. It is criticised by complainants as setting too low a standard. Revised standards seem necessary which take more notice of the "annoyance quality in any particular noise, and which carry heavier weightings for any new process or plant which adds to the previous noise level, or any activity which occurs outside normal working hours.

A series of noise level reading is being taken by the department throughout the town at specified spacings, and in the vicinity of factories. These noise levels are being recorded to form a pattern of "background" noise level which can be compared with the basic noise level given by the British Standard for any particular type of area. When the survey is complete both figures can be used in assessing any complaint. The recorded readings will also show any deterioration in the area brought about by new activities, or improvements effected by better control measures over the years.

Noise Complaints

Throughout the year some 700 visits were made in connection with noise emission from industrial or commercial premises. The nature of the complaints is set out in the table below, with an indication of the remedial steps taken.

Complaint	Action Taken
Noise and vibration from rotary smelting furnace.	Rotary furnace replaced in a modernisation programme. Complaints ceased.
Noise from ventilating fans on new foundry during night.	Emergency adjustments to fans on new system. Noise ceased.
Noise from extractor fan on shot blasting unit operated at night.	Work ceased after two weeks and arrangements made for prior consultation before further night work carried out.
Noise from night shift and extractor fan to coremaking machine operated at night.	Silencer fitted to extractor unit. Steps taken to reduce general noise level at night.
Noise and vibration from drop forging hammers in close proximity to dwellinghouses.	No complete solution possible. Noise consultants engaged by firm and erection of special barrier recommended.
Noise from cyclone extraction unit.	Screening erected to cyclone and motor unit but not satisfactory and negotiations proceeding.
Noise from extraction system to grinding and polishing shop.	Noise consultants engaged by firm and recommendations to be followed.
Noise from printing presses operated during evenings and weekends.	Agreement reached on working hours and resilient pads fitted to presses.
Noise from presses affecting block of flats.	No action taken in view of short term lease of factory premises leading to vacation of premises.
Noise from handling and shaping sheet metal in open air.	Arrangements made for work to be carried out behind closed doors.
Noise of machinery from open windows of factory affecting houses opposite.	Sealing of windows and double glazing recommended.

Complaint

Action Taken

Noise from transport and handling of metal tubes on a Sunday.

Kept under observation but no further incident noted.

Noise from drop forging hammers operated at night.

Night operation discontinued.

Noise from drop forging hammers following new residential development adjoining the factory.

No complete solution. Agreement reached on restriction of operating hours.

Noise and vibration from compressor unit installed in a converted dwellinghouse.

Compressor mounted on resilient pads and window openings sealed.

Noise and vibration from presses used in a wooden building adjacent to an established dwellinghouse.

Presses to be mounted on resilient pads and workshop walls to be lined.

Noise from metal shearing firm newly moved into a wooden building.

No complete solution but agreement reached on restriction of working hours.

Noise and whine from cyclone extraction plant.

Fan motors baffled and enclosed. Noise brought below level set by British Standard but complaints still received. Premises now monitored to detect any change in circumstances to warrant further action.

Noise from lift motor in block of flats.

Noise level measurements taken and advice given.

Noise from unmuffled pneumatic roadbreakers.

Several warnings given and arrangements made for muffles to be fitted.

Noise from "barrelling" from building at foot of complainant's garden.

Barrels re-sited in a brick built shed.

Noise from presses adjoining party wall of a house.

Presses re-sited.

LIST OF LEGAL PROCEEDINGS TAKEN DURING THE YEAR

Date of proceedings	Act under which proceedings taken	Nature of contravention	Result of Action.
12.2.69	Public Health Act 1936, Section 277	Failure to state nature of interest in premises.	Fined £2 0s. 0d. Advocates fee £8 8s. 0d.
26.2.69	Food & Drugs Act 1955, Section 13	Premises not kept clean.	Fined £75 0s. 0d. Advocates fee £7 7s. 0d.
25.4.69	Public Health Act 1936, Section 93	Dirty condition of premises.	Nuisance Order. Fined £5 0s. 0d. Special Costs £6 0s. 0d.
9.6.69	Walsall Corporation Act, 1930, Sec. 106	Unauthorised parking of caravan.	Fined £3 10s. 0d. Special Costs £1 10s. 0d.
9.6.69	Walsall Corporation Act, 1930, Sec. 106	Unauthorised parking of caravan.	Fined £3 10s. 0d. Special Costs £1 10s. 0d.
9.6.69	Walsall Corporation Act, 1930, Sec. 106	Unauthorised parking of caravan.	Fined £3 10s. 0d. Special Costs £1 10s. 0d.
9.6.69	Walsall Corporation Act, 1930, Sec. 106	Unauthorised parking of caravan.	Fined £3 10s. 0d. Special Costs £1 10s. 0d.
11.7.69	Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966	Dirty condition, inadequate lighting and water supply.	Fined £45. Special Costs £6 6s. 0d.
11.7.69	Food Hygiene (General) Regulations 1960.	Unclean protective clothing.	Fined £5.
15.8.69	Offices, Shops & Railway Premises Act, 1963, Sections 4, 8, 9, 10, 16.	Cleanliness, lighting, sanitary conveniences, washing facilities, floors, passages and stairs.	Fined £75 0s. 0d. Advocates fee £5 0s. 0d.
25.8.69	Offices, Shops & Railway Premises Act, 1963, Sections 4, 8, 9, 10, 16.	Cleanliness, lighting, washing facilities, sanitary conveniences, floors, passages and stairs.	Fined £70 0s. 0d. Advocates fee £10 0s. 0d.
27.8.69	Offices, Shops & Railway Premises Act, 1963, Sections 4, 7, 8, 9, 10, 16, 50.	Cleanliness, ventilation, lighting, sanitary conveniences, washing facilities, floors, information for employees.	Fined £65 0s. 0d. Advocates fee £10 0s. 0d.

Date of proceedings	Act under which proceedings taken	Nature of contravention	Result of Action.
29.8.69	Offices, Shops & Railway Premises Act, 1963, Sections 6, 9, 10, 11, 16.	Temperature, sanitary conveniences, washing facilities, drinking water, floors.	Fined £56 0s. 0d. Advocates fee £10 0s. 0d.
8.9.69	Housing Act 1957, Section 170.	Failure to state nature of interest in premises.	Fined £1 0s. 0d. Advocates fee £4 0s.0d.
8.9.69	Offices, Shops & Railway Premises Act, 1963, Section 9.	Sanitary conveniences.	Fined £5 0s. 0d. Advocates fee £5 0s.0d.
12.9.69	Food & Drugs Act, 1955, Section 2.	Mouldy Steak and Kidney Pie	Fined £3 0s. 0d. Special costs £5 0s. 0d.
17.9.69	Housing Act, 1961 Section 19(2).	Permitted more than authorised number of persons to reside in premises.	Fined £10 0s. 0d. Advocates fee £7 0s.0d.
19.9.69	Housing Act, 1961 Section 19(2).	Permitted more than authorised number of persons to reside in premises.	Fined £20 0s. 0d. Advocates fee £8 0s.0d.
24.9.69	Housing Act, 1961 Section 19(2).	Permitted more than authorised number of persons to reside in premises.	Fined £10 0s. 0d. Advocates fee £6 0s.0d.
24.10.69	Food Hygiene Markets, Stalls & Delivery Vehicles) Regulations 1966.	Inadequate water supply and lighting; dirty condition of vehicle.	Fined £40 0s. 0d. Advocates fee £6 0s.0d.
27.10.69	Public Health Act, 1936.	Non-compliance with Nuisance Order.	Fined £5 0s. 0d. Special costs £6 0s. 0d.
29.10.69	Offices, Shops & Railway Premises Act, 1963, Sections 6, 7, 8, 16, 13, 50. Food Hygiene (General) Regulations 1960.	Lighting, Floor, Information to employees, Temperature, Ventilation. Unwrapped bread and dirty fixtures and fittings.	Fined £80 0s. 0d. Advocates fee £10 0s. 0d.

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

for the year ended 31st December, 1969

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in presenting my Report on the School Health Service for the year 1969.

The number of routine medical inspections continues to fall as the number of doctors is limited and the present trend is towards concentration on those school children with physical handicap or learning or other difficulties. In Reedswood Day Special School the accent is more and more on provision for the fairly severely physically handicapped rather than the delicate child, the ratio now being three to one in favour of the former. This tendency will continue and next year, in the new building with its increased facilities including a treatment bath and a full-time physiotherapist, the needs of our disabled children should be catered for even more effectively.

The waiting list for children with learning problems, who need special schooling, continues to grow and will do so until the new school at present being built, is ready. The need for a Speech Therapist is mentioned in several of the contributions and there seems a very good chance of one being appointed next year.

The nation-wide increase in scabies has been seen also among our local school population, and particularly in certain areas, an increase in head infestation has also occurred. This has increased the work of our lay hygiene assistants and with other factors has necessitated a very marked increase in the number of domiciliary visits made by our school nurses. There is yet unfortunately little sign of these problems waning.

To end on a more cheerful note, our Chief Dental Officer has managed, in spite of nation wide shortage, to recruit more dental officers. The inspection and treatment figures of dental defects have

increased dramatically and the long term effects will be considerable. I would endorse her plea for fluoridation of our water supplies to enable us to finally get on top of the problem of widespread tooth decay.

I thank the Committee for their unfailing support and the Director of Education and his staff, both administrative and in the schools, for their assistance and co-operation during the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. C. TALBOT,

Principal School Medical Officer.

1.—SCHOOL HEALTH WORK

Periodic Medical Examinations

6,086 children were medically examined during 1969 and all were classified as 'satisfactory'.

The number examined was 1,440 fewer than during the previous year due to the continued shortage of School Medical Officers. It was quite impossible to resume the system of selective examinations for eleven year old children and, indeed, very few children in this age group were examined at all. A number of doctors have worked throughout the year on a part-time sessional basis and this assistance has made it possible for the examination of school leavers and the necessary but time-consuming detailed assessment of school entrants to be completed.

The standard of service to schools was maintained with difficulty and tribute must again be paid to the Headteachers of all schools for their unfailing co-operation and the warmth of their welcome to the visiting doctors and nurses. This excellent liaison was greatly appreciated by all members of the School Health Service Staff and it contributed much to the efficient conduct of the work.

The medical examinations carried out in 1969 show an increase in the number of parents accompanying children in the younger age groups but a further sharp decrease in respect of school leavers. It is felt that this does not necessarily represent a lack of interest on the part of the parents but rather that the modern school leavers, particularly the boys, regard themselves as too grown up to permit mothers to accompany them.

School Clinics.

The number of individual children attending the medical sessions was 2,083, a decrease of 241 in comparison with last year.

The sessions at present held in the Clinics are as follows:—

BRADFORD STREET CLINIC.

Medical	...	...	...	...	2 sessions weekly
Dressings	...	...	...	...	5 sessions weekly
Ophthalmic	...	...	...	...	2—3 sessions weekly
Dental	...	...	...	...	10 sessions weekly
Orthodontics	...	...	...	...	2 sessions weekly

PINFOLD CLINIC.

Medical	...	...	...	...	1 session weekly
Dressings	...	...	...	...	3 sessions weekly
Dental	...	...	...	...	10 sessions weekly

LITTLETON STREET CLINIC.

Dental	...	...	...	...	5 sessions weekly
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BEECHDALE CLINIC.

Medical	...	...	...	...	1 session fortnightly
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Dressings	...	...	...	...	1½ sessions weekly
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COALPOOL CLINIC.

Medical	...	...	...	...	½ session fortnightly
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Dressings	...	...	...	...	2 x ½ sessions weekly
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Dental	...	...	...	...	10 sessions weekly
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MOSSLEY CLINIC.

Medical	...	...	...	...	½ session fortnightly
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Dressings	...	...	...	...	½ session weekly
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KINGS HILL CLINIC.

Medical	...	...	...	...	1 session fortnightly
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Dressings	...	...	...	...	1½ sessions weekly
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BILSTON STREET CLINIC, DARLASTON.

Medical	...	...	...	...	1 session fortnightly
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Dressings	...	...	...	...	1½ sessions weekly
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Dental	...	...	...	...	10 sessions weekly
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WALSALL STREET CLINIC, WILLENHALL.

Medical	...	...	...	...	1 session fortnightly
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Dressings	...	...	...	...	1 session weekly
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BENTLEY CLINIC.

Dressings	...	...	...	...	1 session weekly
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Medical	...	...	...	...	1 session occasionally
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Dental	...	...	...	...	2 sessions weekly
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SHORT HEATH CLINIC.

Medical	..	...	...	...	1 session fortnightly
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Dressings	..	..	...	...	1 session weekly
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Dental	...	..	...	...	10 sessions weekly
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DELVES CLINIC

Dental	...	...	...	...	2 sessions weekly
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The Medical examination of immigrant children of all nationalities prior to school entrance has continued and during the year 644 children were examined. The examinations included Heaf tests and chest x-rays or B.C.G. vaccination. Two children required treatment and were referred to the Chest Clinic before admission to school could be permitted.

Handicapped Children.

In January of this year 273 children were on the registers of Special Schools, Day or Residential, for educationally subnormal pupils and 126 were attending Special Schools for other categories of handicapped, making a total of 399 which is 18 fewer than the number of children in special schools in January, 1969.

Seventy-two children were newly placed in special schools during the year and of this number one was partially sighted, one was deaf, one was partially hearing, eight were physically handicapped, twelve were delicate, seven were maladjusted, forty-one were educationally subnormal and one was epileptic.

During the year seventy children were ascertained as requiring admission to special schools for educationally subnormal compared with 48 in the previous year. In view of the shortage of medical staff this represents a considerable effort. A further thirty-five children are, however, awaiting assessment and it is felt that there is an increasing readiness on the part of Headteachers to refer children for ascertainment since it has become widely known that a second Day Special School is scheduled for opening during 1971.

Forty-one children were newly placed in schools for educationally subnormal leaving a waiting list of 95 compared with 67 at the end of the previous year. It is anticipated that the number of children awaiting placement in this category will continue to increase until the new Day Special School is established.

In other categories of handicapped only three children were awaiting placement in January, 1970 and of this number one was partially sighted as yet too young for admission, one was deaf and one was maladjusted.

School Placement.

	Boys	Girls	Total
BLIND AND PARTIALLY SIGHTED.			
Royal Institute for the Blind, Birmingham	1	—	1
Queen Alexandra Technical College, Birmingham	1	—	1
Condover Hall, Shrewsbury	—	1	1
Priestley Smith Day Special School, Birmingham	4	4	8
DEAF AND PARTIALLY HEARING.			
Royal School for the Deaf, Birmingham	5	2	7
The Mount School for the Deaf, Stoke-on-Trent	1	—	1
Bridge House, Harewood	1	—	1
Rangemore Hall, Needwood, Staffs. ...	1	—	1

	Boys	Girls	Total
Burwood Park School, Walton-on-Thames	1	—	1
Braidwood Day Special School, Birmingham	8	3	11
PHYSICALLY HANDICAPPED.			
Baskerville, Birmingham	—	1	1
Hathchford Park, Cobham	1	—	1
Wightwick Hall, Staffs.	2	—	2
Elmfield, Harpenden	1	—	1
Star Centre for Youth, Cheltenham ...	1	—	1
Carlson House Day Special School, Birmingham	1	3	4
Reedswood Day Special School	17	24	41
DELICATE.			
Baskerville, Birmingham	—	1	1
Kingswood, Albrighton	4	4	8
St. Dominic's, Godalming	1	—	1
Reedswood Day Special School	8	7	15
MALADJUSTED.			
Whittington Grange, Nr. Lichfield ...	7	—	7
Shenstone Lodge, Shenstone	5	1	6
Chaigeley, Thelwall	1	—	1
Bladen House, Nr. Burton-on-Trent ...	1	—	1
Kilrea Day Special School, Liverpool ...	1	—	1
EDUCATIONALLY SUBNORMAL.			
The Beacon School, Lichfield	41	—	41
Standon Bowers, Staffs.	1	—	1
Walton Hall, Staffs.	—	1	1
St. Francis, Monyhull	—	2	2
Brookside, Derbyshire	1	—	1
Town Thorns, Coventry	—	2	2
Allerton Priory, Liverpool	—	2	2
High Close, Wokingham	—	1	1
The Castle Day Special School	111	87	198
Stourminster, Worcestershire	—	1	1
Watergate, Liverpool	—	1	1
St. Annes, East Sussex	1	—	1
Mobb Lane, Staffs.	1	—	1
Woodsetton Day Special School	1	—	1
Fitzwarren Day Special School	2	—	2
William Baxter Day Special School ...	9	8	17
EPILEPTIC.			
Reedswood Day Special School	1	—	1

The Work of the School Nurses.

The school nurses assisted the doctors in clinics and at medical inspections in schools, following-up whenever necessary with domiciliary visits, advising parents, persuading them to accept treatment for various defects, explaining the purpose of ascertainment tests and as far as possible ensuring that appointments for this purpose are kept. They also supported the hygiene assistants by visiting the homes of 'hard core' families and, in all, made 1,271 domiciliary visits compared with 704 in the previous year.

Other work in schools included vision surveys for children of infant, junior and secondary age with colour vision testing for 11 year old children, Heaf testing in connection with the BCG scheme, poliomyelitis immunisation, assistance with measles and diphtheria immunisation and audiometric sweep testing.

The school nurses have continued to hold their own clinic sessions for 'dressings' and carried out a variety of treatments for minor ailments and treatments recommended by the school medical officers. During the year, 2,572 children made a total of 9,024 attendances.

Audiometric sweep testing was carried out by school nurses in the second year infants age group primarily but children of any age suspected of having defective hearing were included at the request of head teachers. In all, the hearing of 2,057 children was tested in schools and 82 children (4%) who failed the test were referred to the school medical officers. Where necessary, children were further investigated at a special 'hearing test clinic' and/or referred to hospital consultants. Five children were newly provided with hearing aids during the year.

Uncleanliness.

The year has been a stable one from the point of view of staff there being only one change at the end of the year and the Lay Hygiene Assistants carried out 88,097 individual examinations.

There was, unfortunately, a deterioration in the standard of cleanliness and 1,891 children were found to have varying degrees of head infestation. This represents 5.6% of the school population compared with 5.0% (1,607 children) in the previous year.

Of the 1,891 unclean children, 868 had nits on one occasion only, 842 had nits on repeated occasions, 139 had lice on one occasion only and 42 had lice on more than one occasion. The number of lice infested children has increased from a total of 70 in 1968 to 181 which is the highest figure recorded for many years.

The marked increase in head uncleanliness appears to be a national trend and whilst there are still many completely or very nearly completely clean schools in the Borough there has been a high

increase in one area of the town. A Senior School Medical Officer carried out an inspection at one school in this area and 8.4% of the children examined were found to be lice infested. One Lay Hygiene Assistant has concentrated full-time on a small group of schools in this area and an improvement is slowly becoming apparent. The Lay Hygiene Assistants have been supported by the School Nurses and by the Health Visitors who have given valuable assistance with the 'hard core' families and much home visiting was necessary during the last few months of the year keeping these families under continual surveillance. This concentrated effort in one area has inevitably meant that other schools have had less attention than is normally given but the situation should shortly be eased since approval has been given for the appointment of an additional Lay Hygiene Assistant from 1st April, 1970.

The work in schools was followed up by 1,262 domiciliary visits, giving advice to parents and, in many cases, assisting with cleansing. The distribution, free of charge, of special shampoo for the use of whole families when necessary has continued and also of Head Lotion as a preventative to all children willing to use it.

There was again a considerable increase in the incidence of scabies and most of the necessary bathing and painting treatment was also carried out by the Lay Hygiene Assistants at the Leckie Memorial Home in Lichfield Street. A total of 231 children were treated compared with 202 last year and in 37 cases mothers were treated at the same time as the children. A total of 443 baths were given.

School Accommodation.

(a) No. of Secondary Schools ...	...	...	...	...	22
County Schools ...	...	...	...	...	16
Voluntary Schools ...	...	...	...	...	6
(b) No. of Primary Schools ...	...	...	...	...	75
County Schools ...	...	...	...	...	59
Voluntary Schools ...	...	...	...	...	16
(c) Nursery Schools ...	...	...	...	...	4
(d) Reedswood Day Special School for 60 pupils.					
(e) Beacon Residential School for 80 E.S.N. boys.					
(f) The Castle Day Special School for 160 E.S.N. pupils with Annexe for 40 pupils.					

2—PROVISION OF MEALS FOR SCHOOL CHILDREN

Mrs. E. M. Wilde, School Meals Organiser, has been good enough to supply a report on this subject:—

“Statistics.

		1967/68	1968/69
Number of paid meals	... ..	2,582,075	2,545,397
Number of staff meals	... ..	255,891	277,396
Number of free meals	... ..	383,863	527,868
		3,221,829	3,350,661

On a typical day in September 1969, 16,508 third pint bottles of milk were provided for 53·14% of the children attending the maintained schools and 84·4% of the pupils in independent schools.

Menus and Diet

Variety has been increased as far as costs have allowed. Poultry is served regularly in many schools and fresh fruit is introduced into the diet as often as possible.

Immigrant children who refuse meat are offered an alternative of fish, cheese, or eggs. Samples of frozen food have been tried to test acceptability.

Services.

Tray service with choice now operates in eight schools. This service has proved popular, practical and economical.

Hygiene.

A comprehensive programme supported by the Health Inspector's report has been organised to speed up improvements to bring conditions to required standards.

Eventually all sinks will be stainless steel, also draining boards. In the meantime all wooden draining boards will be made removable for easier and safer cleaning.

Work surfaces are also being improved—many wooden tables having been replaced with stainless steel.

Equipment.

Many changes are being made in design and function of cooking equipment. All new kitchens are being fitted with modular equipment. Forced air convection ovens are being tried out. These are in anticipation of future requirements for frozen food catering.

One dishwasher has been installed to estimate possible savings in labour costs.

Mobile sinks and work benches on castors for easier and better cleaning have been adopted as regular policy in all kitchen planning.

New Kitchens opened.

Blue Coat School.

Green Rock.

St. Mary's R.C.

Improvements.

Improvements have been made to the following kitchens:—

T. P. Riley—Victory, Warwick.	Willenhall Comprehensive.
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Pool Hayes Primary.	Blue Coat Secondary.
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Francis Martyn.	R. C. Thomas.
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W. R. Wheway.	North Walsall.
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Training.

A Training Course has been started at King Charles' Primary School Kitchen.

This kitchen combines production for meals on site and training.

Courses lasting four weeks are held for trainee Deputy Cooks. There is a great need for more trained staff and gradually training for every aspect of the service will be organised.

Three Supervisors Refresher courses have also been planned during the year. Each course will last four days and will take place during School Holidays.

Thanks are due for all assistance and advice received and for prompt attention when required by Food Inspectors."

3—INFECTIOUS DISEASES

Tuberculosis—There were 6 cases of Respiratory Tuberculosis and 3 cases of other forms of Tubercular infection notified during the year. Figures for 1968 were 12 cases of Respiratory and 3 cases of other forms. B.C.G. vaccination of secondary school children and Immigrant children was continued, the figures being incorporated in the main body of the Medical Officer's report.

Diphtheria—Again no cases occurred during the year. 974 school children received primary immunisation and 2,571 received a reinforcing dose.

Scarlet Fever—There were 73 cases as compared with 44 in 1968.

Measles—146 school children were notified as suffering from measles during the year as compared with 395 in 1968. Only 649 were immunised as against 1,661 in 1968. This was due to a hold up of supply following undue reaction to a very small number of children from one manufacturer's vaccine.

Other Diseases—There were two cases of Typhoid among school children, one believed to have been contracted abroad and the other a sister of a case contracted abroad.

There was one case of Meningococcal infection, 25 of Whooping Cough, 7 of Dysentery and 34 of Infective Jaundice notified during the year.

4—THE CHILD GUIDANCE SERVICE

The following is an extract from a report on the Child Guidance Service kindly supplied by Dr. A. McHale, Senior Educational Psychologist.

“During the year 1969, 156 cases have been referred—far too many for intensive or prolonged treatment to be given by the present limited staff. Treatment has therefore been restricted to three or four interviews with appropriate advice. Almost all the cases have been behaviour problems or nervous disorders, usually with concomitant educational difficulties, but it has not yet been possible, because of the shortage of staff, to deal with educational problems as such. There is an urgent need for a second psychologist to assist with the treatment of children, for three social workers to extend the work being done with the children's parents and for the services of a part-time psychiatrist. Residential places are urgently required for those disturbed and nervous children who would benefit from treatment away from home and for this purpose a Hostel for Maladjusted Children would be the most suitable provision.

The problems referred have covered a wide range of disordered behaviour and have included severe backwardness, truancy, school phobia, attempted suicide, arson, sex offences, stammering, nervous mannerisms, obsessions, pilfering, aggressiveness, psychotic withdrawal, enuresis, encopresis, vomiting, depression and many others. It follows from the nature of these problems and their causes that the Child Guidance Service must deal with families rather than with children in isolation. This is best accomplished by a team of workers who can gain the confidence of the children and their parents, while collaborating closely with other agencies who may be concerned with the children's progress and welfare. In view of the severity and the potentially large number of cases, the present Child Guidance Service

can only be regarded as a nucleus on which a more extended service, suited to the needs of Walsall, may be found. This more adequate provision would require appropriate accommodation and staff so that the work could be carried on effectively."

5—SPEECH THERAPY

Again it proved impossible to obtain the services of a Speech Therapist but there is an excellent chance of the position being remedied next year.

6—BEACON RESIDENTIAL SCHOOL.

I thank Mr. R. W. Peat, Headmaster of the Beacon Residential School for Educationally Subnormal Children, for the report on the work of the school in 1969.

"During the year 1969 there were 21 admissions, 13 of whom came from Walsall. At the time of writing there are 41 Walsall boys in the school, the remaining 39 coming from 14 different Authorities. However, half the boys from Outside Authorities came from neighbouring boroughs and thus the policy of trying to limit the catchment area may be said to be gradually taking effect.

Of the boys who left in 1969, 16 had reached the age limit (5 of whom were given official permission to leave slightly prematurely), 4 were transferred to Training Centres, 3 to Day Special Schools, and 1 to a Psychiatric Hospital.

The very wide age range remained constant.

The I.Q. range showed signs of stabilising, with the average falling slightly to just below 70.

I.Q. RANGE			
50—59	60—69	70—79	80—89
<u>8</u>	<u>29</u>	<u>35</u>	<u>8</u>

The details of secondary handicaps were as follows:—

Maladjustment	...	...	...	31
Eneuretics	...	...	...	28
Speech Defects	...	...	...	27
Physical Handicap	...	...	...	12
Eye Defect	...	...	...	12
Epileptics	...	...	...	2

The problem of maladjustment remains pre-eminent and one of the many implications of this is shown in the high incidence of eneuresis. As reported previously, the number of maladjusted boys

in the school has not fallen below 30 for several years. This must necessarily lead to consideration of the weighting values of the handicaps and the effect this must have on the grouping of the school.

Failing specialist speech therapy, the staff are continuing in their efforts to overcome these difficulties whenever time and opportunity arise. On the academic side, the staffing position has enabled small remedial groups to be continued with beneficial effect.

The number of boys requiring full time supervision by the Mental Health Social Workers either before or shortly after leaving school, remains constant. In most of these cases it is a sharp deterioration at puberty which is noticeable. Considerable difficulty is found in finding suitable placement for such cases, especially where the home background is deficient.

In a few approved cases, boys have been allowed to leave school prematurely in order to obtain suitable jobs and this has in some measure eased the difficulties of placing the handicapped school leaver in the right employment.

During the year the part-time School Medical Officer made 40 visits and treated several cases on each occasion. The regular visits to Dental and Eye clinics were continued and many other visits were made to hospitals and clinics for consultations, examinations etc. The Annual Dental inspection was carried out in September and systematic immunisation against Diphtheria poliomyelitis, and tuberculosis was continued.

Early in the year the staff and boys were inoculated against influenza and this measure seemed to have proved effective. One would hesitate to ascribe any "carry-over" effect, but incidences during the winter 1969/70 have been minimal.

This has been the first full year of operation for the week-end leave scheme, and although there have been instances where this has had adverse effects on the health of the individual boys, the general influence has been beneficial from the social and emotional points of view.

7—CASTLE SCHOOL.

Miss A. Saban, Headmistress, has kindly supplied the following report on the Castle School.

"The main school catered for 160 children aged between 7 and 16 years old and 40 more aged between 9 and 11 years were accommodated at the annexe situated on the site of the Woodlands Primary School in Short Heath. The annexe is a temporary measure, to relieve pressure in normal schools, until the new school for E.S.N. children is built. There were 94 children waiting for places and there were 12 refusals.

25 children were admitted during the year and 25 children left. 2 of these were transferred to residential E.S.N. Schools, 2 to normal schools, 1 to a Junior Training Centre, and the remaining 20 achieved school leaving age. 2 of these had problems of maladjustment and were transferred to the Adult Training Centre. (It is interesting to note that only 2 other leavers, during the previous 9 years that the school has been open, have gone to the Adult Centre.) The remaining 18 had no difficulty in obtaining suitable employment. The Youth Employment Bureau work extremely well with the school and our own particular officer visits the school regularly to establish rapport with the leavers and familiarise himself with their ambitions and abilities.

We did not have the usual medical examination at the end of the school year due to shortage of staff.

The local school clinic dealt very efficiently with children sent to them, although many of the minor ailments were dealt with by the school welfare assistant.

The problem of head infestation is always with us and will undoubtedly continue with present legislation in spite of valient efforts by the school nurse and school staff. About 5% of the children are verminous and almost without exception these are the younger children, as the older ones are encouraged to accept responsibility for their own cleanliness. Free issue of shampoo by the school is a big factor in keeping this low percentage.

There are 8 children urgently needing the services of a speech therapist. 1 child in particular becomes so frustrated at his lack of communication that he is a behaviour problem.

The School Meals Service provide the children with an excellent, well served meal daily. This is of great benefit to the children who come from homes where diet is deficient in protein."

8—REEDSWOOD DAY SCHOOL AT ST. GILES

Mrs. P. A. Luxton, Headmistress, has kindly supplied the following report on the Reedswood Day Special School at St. Giles.

"During the last five years there has been a gradual increase in the number of physically handicapped pupils admitted to the school, thus effecting the present ratio of three physically handicapped to one delicate.

Our total of Spina bifida cases has risen to eight and together with seven other incontinency cases has necessitated an additional Welfare Assistant.

Termly medical examinations have continued this year, resulting in further investigation or treatment where necessary: also a full audiometric survey has been possible, revealing three cases of hearing loss.

The lack of a Speech Therapist has now become an acute problem as at least twelve children are requiring some therapeutic treatment.

A number of our children have been helped by physiotherapy sessions throughout the year, but they should benefit considerably from extra treatment when a full-time physiotherapist joins the staff early in 1970.

An improvement in the staffing position has gradually occurred this year enabling us to extend curricular activities and form a number of remedial groups.

The number of swimming certificates and badges gained this year has been more than satisfactory. Due to the combined efforts of the teaching staff, physiotherapist and swimming instructress it has now become possible to include some of the more severely handicapped children in the sessions at Tower Street Baths. The progress made by these pupils has been very encouraging and is some indication of the benefits which may be derived from the hydrotherapy pool which has been included in the new school building."

9—SCHOOL DENTAL SERVICE.

The Principal School Dental Officer, Mrs. I. M. Millar, L.D.S. has supplied this description of the work of the School Dental Service:—

"I am pleased to be able to report that our staffing problems have improved. All equipped clinics have been functioning this year, most full-time, others part-time. Where the number of school children in the area does not warrant a full-time dentist, the clinics have been used part-time. I hope to be able to maintain this situation for the next twelve months at least, always excepting some unforeseen retirement of staff.

The quantity of work therefore, this year greatly exceeds previous years, and I would like to thank all my staff for their help and work this year, which has been excellent.

I would again make a plea for the fluoridation of our water supply. I feel, very strongly, that it is wrong that the children of Walsall should be denied this help for their dental health and well being. The children of Birmingham are already seeing the benefit of the fluoridation of their water supply.

Dental Inspections	...	...	...	...	21,221
Fillings: permanent	...	...	...	...	14,196
deciduous	...	...	...	...	2,574
Extractions: permanent	...	...	...	...	1,370
deciduous	...	...	...	...	4,274
General Anaesthetics	...	...	...	...	1,454
Orthodontic Cases completed	...	...	...	...	57
new cases begun	...	...	...	...	129
X-rays	...	...	...	...	290

MEDICAL INSPECTION AND TREATMENT TABLES

School Population	...	...	...	33,595
Periodic Medical Inspections	...	...	...	6,086
Special Inspections	...	...	...	2,013
Re-inspections	...	...	...	1,037

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

PERIODIC INSPECTIONS

Defect or Disease	Requiring Treatment		Requiring Observation	
	1969	1968	1969	1968
Skin	16	18	181	177
Eyes—				
a. Vision ...	243	266	301	234
b. Squint ...	13	15	60	94
c. Other ...	9	2	20	23
Ears—				
a. Hearing ...	10	2	67	46
b. Otitis Media ...	13	5	137	138
c. Other ...	3	—	58	11
Nose and Throat ...	44	24	535	413
Speech	5	1	48	42
Lymphatic Glands ...	3	—	97	53
Heart	2	1	39	41
Lungs	—	2	91	139
Developmental—				
a. Hernia ...	5	3	53	10
b. Other ...	3	8	98	115
Orthopædic—				
a. Posture ...	1	3	38	40
b. Feet ...	9	3	70	90
c. Other ...	—	2	27	32
Nervous System—				
a. Epilepsy ...	—	—	11	15
b. Other ...	—	—	16	48
Psychological—				
a. Development	3	3	44	15
b. Stability ...	—	3	49	38
Abdomen	1	—	30	16
Other	1	2	1	88

SPECIAL INSPECTIONS

Defect or Disease	Requiring Observation		Requiring Treatment	
	1969	1968	1969	1968
Skin	182	412	9	6
Eyes—				
a. Vision ...	48	65	29	14
b. Squint ...	7	14	8	1
c. Other ...	17	25	—	—
Ears—				
a. Hearing ...	48	57	5	1
b. Otitis Media ...	11	19	10	4
c. Other ...	14	36	10	—
Nose and Throat ...	35	67	20	19
Speech	6	7	5	2
Lymphatic Glands ...	2	4	4	3
Heart	4	6	5	3
Lungs	16	22	27	5
Developmental—				
a. Hernia ...	2	5	6	—
b. Other ...	17	29	19	5
Orthopaedic—				
a. Posture ...	2	3	29	—
b. Feet	41	63	17	1
c. Other	26	55	18	4
Nervous System—				
a. Epilepsy ...	1	3	5	2
b. Other	10	10	11	1
Psychological—				
a. Development	14	12	25	1
b. Stability ...	16	38	13	2
Abdomen	19	12	5	—
Other	92	166	2	6

TREATMENT TABLES

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	1969	1968
External and other, excluding errors of refraction and squint	17	25
Errors of Refraction (including squint)	860	791
Total ...	877	816
No. of pupils for whom spectacles were prescribed ...	435	445

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Received operative treatment:—

	1969	1968
(a) for diseases of the ear	214	31
(b) for adenoids and chronic tonsillitis ...	416	312
(c) for other nose and throat conditions ...	87	—
Received other forms of treatment	—	47
Total ...	717	390

	1969	1968
Total number of pupils in School who are known to have been provided with hearing aids ...	5	5

ORTHOPAEDIC AND POSTURAL DEFECTS

	1969	1968
(a) Pupils treated at Clinics or Out-Patients' Departments	327	214
(b) Pupils treated at school for postural defects ...	—	23
	327	237

DISEASES OF THE SKIN
(excluding Uncleanliness)

							1969	1968
Ringworm—								
(i) Scalp	...	...	...	...	...	...	—	2
(ii) Body	...	...	...	...	...	...	—	6
Scabies	...	...	...	...	...	...	231	202
Impetigo	...	...	...	...	...	...	113	64
Other skin diseases		...	...	...	...	...	930	852
						Total	...	...
							<u>1,274</u>	<u>1,126</u>

CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance Clinics	...	...	156	166
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SPEECH THERAPY

Pupils treated by Speech Therapists	...	...	...	—	56
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OTHER TREATMENT GIVEN

(a) Pupils with minor ailments	...	...	...	1,596	1,689
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	100	98
(c) Pupils who received B.C.G. Vaccination	...	...	...	3,474	1,553
			Total	...	...
				<u>5,170</u>	<u>3,340</u>

DENTAL INSPECTION AND TREATMENT

	1969	1968
Number of pupils inspected by the Authority's Dental Officers	21,221	10,569
Number found to require treatment	15,969	7,334
Number offered treatment	15,203	6,739
Number re-inspected at school or clinic	361	134
Number found to require treatment	192	60
Attendances made by pupils for treatment ...	16,511	8,854
Sessions devoted to treatment	2,643	1,391
Sessions devoted to inspection	95	50
Fillings:—		
Permanent Teeth	14,196	7,447
Deciduous Teeth	2,574	866
No. of Teeth filled:—		
Permanent Teeth	11,060	5,763
Deciduous Teeth	2,281	679
Extractions:—		
Permanent Teeth	1,370	1,115
Deciduous Teeth	4,274	3,682
Administration of general anaesthetics for extraction	1,454	1,450
Number of pupils supplied with artificial teeth ...	17	9
Number of pupils x-rayed	290	166
Prophylaxis	1,922	890
Teeth otherwise conserved	110	11
Number of teeth root filled	26	8
Crowns	8	6
Courses of treatment completed	2,746	1,818

ORTHODONTICS

Cases remaining from previous year	150	185
New cases commenced during year	129	83
Cases completed during the year	57	57
Cases discontinued during year	39	27
Number of removable appliances fitted	246	88
Pupils referred to Hospital Consultant	1	1

